IN THE SUPREME COURT OF THE STATE OF NEVADA

Case No.: 72737

LAURA DEMARANVILLE, surviving spouse of DANIEL DEMARANVILLE (DECEASED),

Appellant/Cross-Respondent,

v.

EMPLOYERS INSURANCE COMPANY OF NEVADA; and CANNON COCHRAN MANAGEMENT SERVICES, INC.,

Respondents,

and

CITY OF RENO,

Respondent/Cross-Appellant.

Appeal and Cross-Appeal From Order Granting In Part and Denying In Part Consolidated Petitions For Judicial Review

First Judicial District Court, Case No.: 15 0C 00092 1B

RESPONDENT/CROSS-APPELLANT CITY OF RENO'S SUPPLEMENTAL APPENDIX – VOLUME III

McDONALD CARANO LLP
Timothy E. Rowe (NSBN 1000)
Chelsea Latino (NSBN 14227)
100 W. Liberty St., 10th Floor
Reno, Nevada 89501
Tel: (775) 788-2000
Fax: (775) 788-2020
trowe@mcdonaldcarano.com
clatino@mcdonaldcarano.com

Attorneys for Respondent/Cross-Appellant City of Reno and Respondent Cannon Cochran Management Services, Inc.

INDEX TO SUPPLEMENTAL APPENDIX
(Alphabetical)

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of McDonald Carano LLP, and on the 25th day of July, 2018, a true and correct copy of the foregoing document was e-filed and e-served on all registered parties to the Supreme Court's electronic filing system as listed below:

Evan B. Beavers
Samantha L. Peiffer
Nevada Attorney for Injured Workers
1000 E. William Street, Suite 208
Carson City, Nevada 89701

Mark S. Sertic
Sertic Law, Ltd.
5975 Home Gardens Drive
Reno, NV 89502

/s/ Carole Davis

12853C301824

Renown/Release of Information
1155 Mill Street
Reno, NV 89502

Renown. HEALTH

Date: 11-13-12

To Whom It May Concern: Lisa Jones

At this time we cannot fill your request for copies of medical records due to one of the following reasons:

___No authorization was received with your request, or your authorization is not HIPAA compliant. Please resubmit your request with our authorization form filled out completely by the patient or patient's representative.

___Renown Regional Medical Center does not accept any subpoena issued outside the state of Nevada. Your request will be honored upon the receipt of a valid authorization signed and dated by the patient or patient's representative.

___Patient was not treated at Renown Regional Medical Center on the date(s) specified on your request.

___Based on information provided, we have no record of the patient being treated at Renown Regional Medical Center. Please provide us with a date of birth, SSN, exact spelling of the patient's name, all AKA's and type of service or treatment and available account numbers.

___Patient's records are protected by Federal confidentiality rules (42 CFR part 2) and a general authorization and or subpoena duces tecum for the release of medical records in not sufficient. Please provide a valid HIPAA compliant authorization or a court order so Renown Regional Medical Center may comply with your request.

X To honor your request for medical records, Renown Regional Medical Center will need a valid authorization, a copy of a Death Certificate as well as a copy of executor or special administrator paperwork as per Nevada Revised Statutes (629.061, 132.040, 132.130, 132.265, 132.315, 132.325)

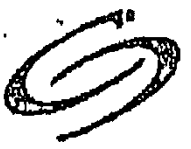
Other: Re: DeMaranville

Return this form, the original request and all other documentation to: Renown Regional Medical Center, 1155 Mill St., Reno, NV 89502 ATTN: Release of Information

If you have any questions regarding this letter please contact the Release of Information department at Renown Regional Medical Center, Health Information Management Department, 775/982-5661

Received
NOV 18 2012
CCMSI-Reno
159

32



CCMSI

November 28, 2012

Return - for 'Special Admin' paperwork

Renown Medical Center
Attn: Medical Records

Send via fax to: 775-982-5662

Re: Claimant: Daniel DeMaranville
Claim No.: 12853C301824
S.S.N.:
D.O.B.: 10/4/1934
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a medical authorization signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at the number noted below extension 1029.

Sincerely,
Jenny Ogrotu
for
Lisa Jones
Claims Representative
CCMSI – Reno, Nevada

cc: File, City of Reno

Received
NOV 28 2012
CCMSI-Reno

Request for Additional Medical Information And Release Form

(Pursuant to NRS 616C.490(3))

Injured Employee's Name: D... DeMaranville
Claim Number: 12853C301924 Social Security Number: ________
Injured Employee's Address: PO Box ... Verdi, NV 89439
Injury/Occupational Disease Date: 8-5-12 Date this Notice Printed: ________
Insurer's Name: City of Reno Employer: ________
Insurer's Address: ________ Employer's Address: ________

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This extends the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

Prior History Information

Please check the appropriate box below and provide the information requested

☒ I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point)

☐ I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition)

____

____

____

I certify that the above is true and correct to the best of my knowledge and that I have provided this information in order to obtain the benefits of Nevada's industrial insurance and occupational diseases acts (NRS 616A to 616D, inclusive or chapter 617 of NRS). I hereby authorize any physician, chiropractor, surgeon, practitioner, or other person, any hospital, including veterans administration or governmental hospital, any medical service organization, any insurance company, or other institution or organization to release to each other, any medical or other information, including benefits paid or payable, pertinent to this injury or disease, except information relative to diagnosis, treatment and/or counseling for AIDS, psychological conditions, alcohol or controlled substances, for which I must give specific authorization. A photostat of this authorization shall be as valid as the original.

Signature: [signature] Date: 9-17-12

Received NOV 28 2012 CCMSI-Reno

Received SEP 17 2012 CCMSI-Reno

(34)

161

191

Renown HEALTH

Authorization for Release / Disclosure of Protected Health Information

This form may be used for continuity of care treatment, payment and health care operations (TPO), and the release of protected health information (PHI) which is not required by law. Provide a copy to the patient / patient representative when Renown Health initiates the authorization for non-TPO reasons.

Renown Regional Medical Center
1155 Mill Street
Reno, Nevada 89502

Attn: _____

PHONE: _____

FAX: _____

Notice to the individual making this authorization:

1. After your protected health information (PHI)/medical records are released by your authorization, the possibility exists that your PHI will no longer be subject to the protection of federal privacy regulations and may be redisclosed by the recipient.
2. You may revoke this authorization at any time in writing. Your written revocation will become effective upon receipt, but will not apply to any PHI released prior to that date or to the extent that the referenced Renown Health entity has taken action in reliance upon this authorization.
3. Renown Health will not condition treatment on whether you sign this form.

THIS AUTHORIZATION WILL EXPIRE 90 DAYS AFTER THE DATE OF SIGNATURE.

Patient Name: Laura K DeMarseville	Date of Birth: 10.04.1954	Social Security Number:
Address: PO Box 2161 5123 Verdi Rd		Phone: 775.345.6630
City, State, Zip: Verdi NV 89439		Fax: n/a

I authorize (you must check the blank that applies):

X The provider listed below to release / disclose the PHI described below to the above-referenced Renown entity

___ The above-referenced Renown entity to release / disclose the PHI described below to:

Provider Name: Renown Regional Medical Center		
Address: 1155 Mill St		Phone:
City, State, Zip: Reno NV 89502		Fax:

Description of information to be released for the following dates of treatment / service: _____

___ Physician generated data ___ Discharge instructions ___ Diagnostic data ___ Therapy evaluation / records
___ H&P ___ RR documents ___ Labs ___ Medication records
___ Operative reports ___ Diagnostic imaging
___ Consultation report/s X Other (describe): records of 8-5-12
___ Discharge summary

NOTE: The use or disclosure of psychotherapy notes requires a separate authorization.

Reason for this request: ___ Continuity of Care ___ Legal ___ Patient request
___ Other (describe): release to remar

I understand that my PHI / medical records may contain information about:
- Drug and/or alcohol abuse history, diagnosis, treatment
- Psychiatric history, diagnosis, treatment
- AIDS /HIV, sexually transmitted diseases, hepatitis and/or other infectious disease history, diagnosis, treatment.

By signing below, I authorize the release / disclosure of my PHI even when it contains information regarding the above-listed types of information within the PHI / medical records requested.

Signature of patient or personal representative: [signature]	Date: 11-8-12	
Print name of personal representative: Laura K DeMarseville	Representative's authority: n/a	

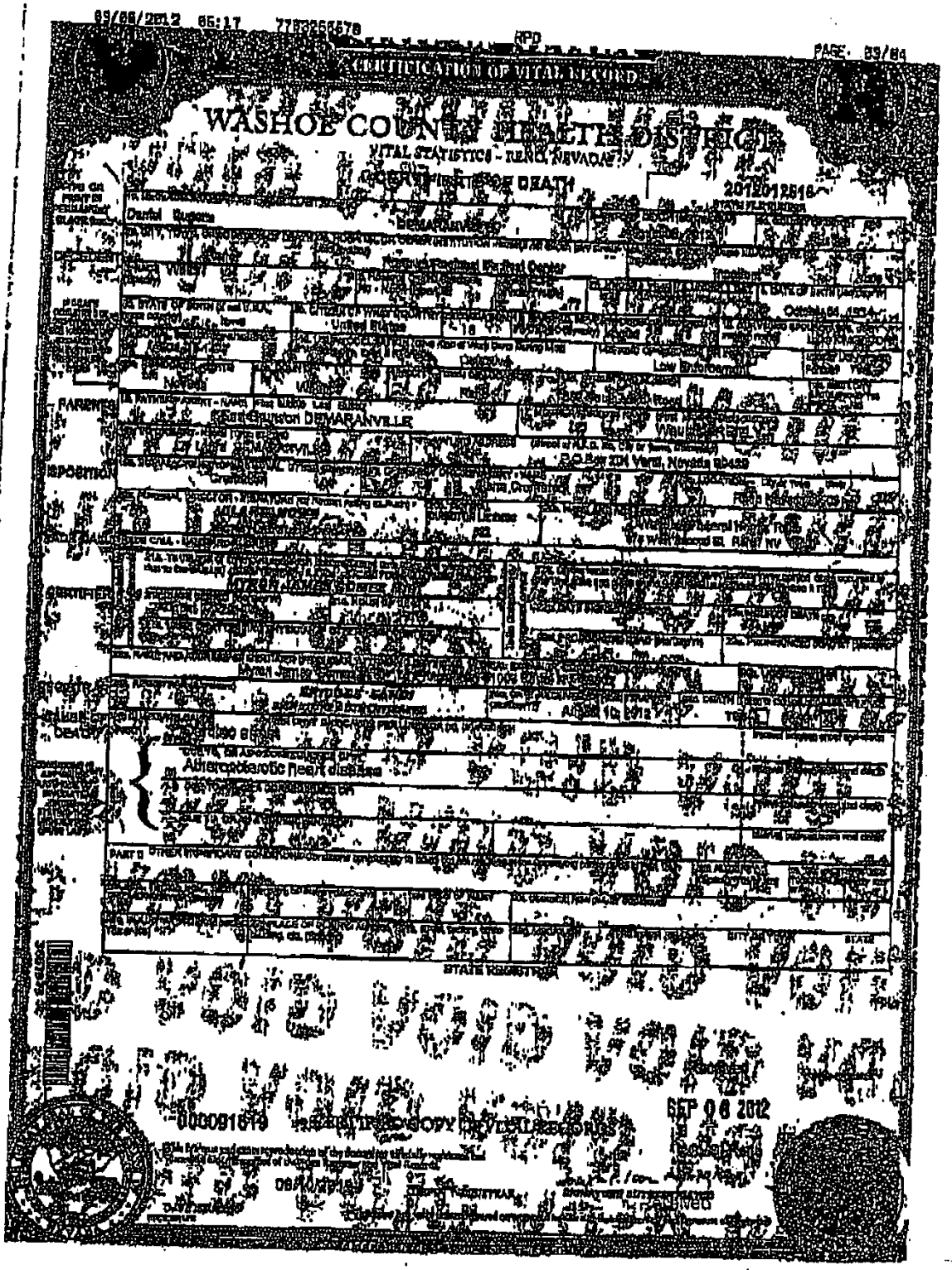
For Renown Health Personnel Use Only

Renown Health Patient Medical Record No.	

20008 Rev. 2/03

Received Received
NOV 28 2012 08 2012
CCMSI-Reno CCMSI-Reno

35



CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2012012518

Daniel Eugene

Eastlynston DEMARANVILLE

Atherosclerotic heart disease

SEP 06 2012

000091619

COMSI-Reno

193

163

CCMSI
(Cannon Cochran Management Services,

P.O. Box 20068
Reno, NV 89515

Fax Cover Sheet

Date: 2/15/2013

To: Name: Lori Demaranville
Phone: 775-345-2105
Fax: 775-345-2105

From: Name: CCMSI/ Lisa Jones
Phone: (775) 324-3301 x1029
Fax: (775) 324-9893

Pages: 0 pages

Subject: Daniel Demaranville 12853C301824

Please be advised CCMSI has contacted Renown Regional Medical center to obtain the medical records from 8/5/2012. They will not release the records to us. We were advised that there has to be a personal representative appointed to the estate. Please let me know if you have any questions or need anything else.

Thank you,
Lisa Jones

37

DEAN HELLER
NEVADA

ENERGY AND NATURAL RESOURCES
COMMERCE, SCIENCE, AND TRANSPORTATION
SPECIAL COMMITTEE ON AGING

United States Senate

WASHINGTON, DC 20510

PRIVACY ACT CONSENT FORM

DATE: March 7, 2013

TO WHOM IT MAY CONCERN:

I am aware the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize the below listed agency (agencies) to provide information regarding my case or claim.

Constituent Name: Laura K DeMaranville

Address: PO Box 2161

City, State, Zip Code: Verdi NV 89439

Email: Verditwo@gbis.com Phone: 775 345-6530

Social Security #: [redacted] Date of Birth: 8-14-54

Agency: Housing- BofA Case/Claim:
RPD - Heart & Lung Bill

Signature(s): Laura K DeMaranville

If it will be necessary to have any information released to a third party, such as a parent or spouse, please list the third party name(s) here: _____

RECEIVED
APR 15 2013
CCMSHRENO

Briefly identify the difficulty you are having (attach additional pages if needed):

See attached

Please include copies of any documentation you may have which will help expedite this inquiry. Do not send original documents. Please return to Senator Dean Heller in either the Reno office: Phone: 775.686.5770, Fax: 775.686.5729 or in the Las Vegas office: Phone: 702.388.6605, Fax: 702.388.6501.

38

Senator Dean Heller

FAX MEMORANDUM

DATE: 04/15

TO: LISA

RE: LAURA DEMARANVILLE

FAX #: 775-324-9893

Sent from:

____Ashley Carrigan, State Director

____Katie Pace, Regional Representative

____Andrew Lingenfelter, Regional Representative

____Glenna Smith, Regional Representative

____Mark Sutliff, Regional Representative

____Intern, _____

X RYAN CHERRY, RURAL DIRECTOR

Total Pages (including cover): 2

RECEIVED
APR 15 2013
CCMS/RENO

Comments:

LISA,

THANKS FOR YOUR HELP IN ADVANCE!

PLEASE GIVE ME A CALL @ 686-5770

THANKS,

Ryan Cherry

400 South Virginia Street, Suite 738, Reno, NV 89501
Phone 775.686.5770 FAX 775.686.5729

166 (39)

Renown
REGIONAL
MEDICAL CENTER

Authorization for Release / Disclosure of Protected Health Information:
May be used for continuity of care, TPO and release of PHI which is not required by law.
Copy to the individual when covered entity initiates the authorization for non-TPO reasons.

1155 Mill Street, Reno, NV 89502

Health Information Management Dept.

Phone: (775) 982-7655
Fax: (775) 982-5669

Notice to the individual making this authorization:
1. After your medical records (PHI), are released by your authorization, the possibility exists that the recipient of your information may not be subject to federal privacy regulations and your PHI may be re-released, without your knowledge.
2. You may revoke this authorization, in writing. Your written revocation will become effective on receipt, but will not apply to any information released prior to that date.
3. This facility will not condition treatment on whether or not you sign this form.

0339682

Patient Name	Date of Birth	SS #
Daniel E DeMaranville	10-04-1934	
Address		Phone
PO Box 361 5163 S Verdi Rd.		775 345-0530
City, State, Zip		Fax
Verdi NV 89439		n/a

I authorize Renown Regional Medical Center (formerly known as Washoe Medical Center) to release/disclose my protected health information / medical records to:

Name: CCMSI

Address: PO Box 200168 Reno NV 89515 attn Lisa Jones

Phone: 324-3301 x 1029 Fax#: (775) 324-0453

Description of information to be released: **Dates of treatment:** 8-5-12

___Pertinent data for continuity of care	___H&P	___Diagnostic data	___Therapy evaluations /records
	___Operative report/s	___Labs	___Medication records
	___Consultation report/s	___ER documents	___Discharge Instructions
	___Discharge summary		

X Other (describe)
all records of 8-5-12

NOTE: The use or disclosure of psychotherapy notes requires a separate authorization.

Reason for this request: ___Continuity of Care ___Legal ___Patient request X Other (describe)
release to CCMSI

I understand my PHI / protected health information / medical records *may contain information about:*
- Drug and/or alcohol abuse history, diagnosis, treatment;
- Psychiatric history, diagnosis, treatment;
- AIDS/HIV, sexually transmitted diseases, hepatitis and/or other infectious disease history, diagnosis, treatment.

By signing below I authorize release/disclosure of my protected health information (PHI), even if such information is contained within the PHI/medical records requested.

Received
MAR 04 2013
CCMSI-Reno

Signature of patient or patient representative: [signature] Relationship to patient: self

Signature of witness: [signature] Date: 2-22-13

9/12/2006 tvb Renown Auth

This authorization will expire 90 days from date of signature.

197 167 2-26-13

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS – RENO, NEVADA

CERTIFICATE OF DEATH

2012012516

STATE FILE NUMBER

DECEDENT

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX): Daniel Eugene DEMARANVILLE

2. DATE OF DEATH: August 05, 2012

3. COUNTY OF DEATH: Washoe

3b. CITY, TOWN, OR LOCATION OF DEATH: Reno

3c. HOSPITAL OR OTHER INSTITUTION: Renown Regional Medical Center

3d. Inpatient

4. SEX: Male

5. RACE: White

6. Hispanic Origin? (Specify): No - Non-Hispanic

7a. AGE-Last Birthday (Years): 77

8. DATE OF BIRTH: October 04, 1934

9a. STATE OF BIRTH: Iowa

9b. CITIZEN OF WHAT COUNTRY: United States

10. EDUCATION: 16

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

12. SURVIVING SPOUSE (If wife, give maiden name): Laura K MOSCONI

13. SOCIAL SECURITY NUMBER: 504-28-1477

14a. USUAL OCCUPATION: Detective

14b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement

Ever in US Armed Forces? Yes

15a. RESIDENCE - STATE: Nevada

15b. COUNTY: Washoe

15c. CITY, TOWN OR LOCATION: Reno

15d. STREET AND NUMBER: 563 South Verdi Road

15e. INSIDE CITY LIMITS (Specify Yes or No): No

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix): Earl Brunson DEMARANVILLE

17. MOTHER/PARENT - NAME (First Middle Last Suffix): Waunita REILLY

18a. INFORMANT - NAME (Type or Print): Laura DEMARANVILLE

18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip): P.O.Box 261 Verdi, Nevada 89439

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation

19b. CEMETERY OR CREMATORY - NAME: Sierra Crematory

19c. LOCATION (City or Town, State): Reno Nevada 89503

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): BLAKE HOWE — SIGNATURE AUTHENTICATED

20b. FUNERAL DIRECTOR LICENSE: 822

20c. NAME AND ADDRESS OF FACILITY: Walton's Funeral Home Reno, 875 West Second St. Reno NV 89503

TRADE CALL

TRADE CALL - NAME AND ADDRESS:

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title): SIGNATURE AUTHENTICATED — MYRON JAMES GOMEZ M.D.

21b. DATE SIGNED: August 07, 2012

21c. HOUR OF DEATH: 19:18

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)

22b. DATE SIGNED

22c. HOUR OF DEATH

22d. PRONOUNCED DEAD

22e. PRONOUNCED DEAD AT (Hour)

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Myron James Gomez M.D. 75 Pringle Way #1002 Reno, NV 89502

23b. LICENSE NUMBER: 5874

REGISTRAR

24a. REGISTRAR (Signature): BRIDGES, SANDI — SIGNATURE AUTHENTICATED

24b. DATE RECEIVED BY REGISTRAR: August 10, 2012

24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — Interval between onset and death

PART I

(a) Cardiac arrest

(b) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic heart disease

(c) DUE TO, OR AS A CONSEQUENCE OF:

(d) DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not relating to the underlying cause given in Part I

26. AUTOPSY (Specify Yes or No): No

27. WAS CASE REFERRED TO CORONER (Specify Yes or No): No

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)

28b. DATE OF INJURY

28c. HOUR OF INJURY

28d. DESCRIBE HOW INJURY OCCURRED

28e. INJURY AT WORK (Specify Yes or No)

28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

28g. LOCATION: STREET OR R.F.D. No., CITY OR TOWN, STATE

STATE REGISTRAR

VOID VOID VOID

Received

MAR 04 2013

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

08/10/2012

DATE ISSUED

DEPUTY REGISTRAR — SIGNATURE AUTHENTICATED

41

198

LAST WILL AND TESTAMENT
OF
DANIEL EUGENE DEMARANVILLE

I, Daniel Eugene DeMaranville, of Verdi, Nevada, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

ARTICLE I
PAYMENT OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses and expenses of last illness be first paid from my estate.

ARTICLE II
DISPOSITION OF PROPERTY

A. Residuary Estate. I direct that my residuary estate be distributed to my spouse, Laura Kathryn DeMaranville. If my spouse does not survive me, my residuary estate shall be distributed to my child(ren) in equal shares. If a child of mine does not survive me, such deceased child's share shall be distributed in equal shares to the children of such deceased child who survive me, by right of representation. If a child of mine does not survive me and has no children who survive me, such deceased child's share shall be distributed in equal shares to my other child(ren), if any, or to their respective children by right of representation. If no child of mine survives me, and if none of my deceased child(ren) are survived by child(ren), my residuary estate shall be distributed to my heirs-at-law, their identities and respective shares to be determined under the laws of the State of Nevada then in effect relating to the succession of separate property that is not attributable to a predeceased spouse.

ARTICLE III
NOMINATION OF EXECUTOR

I nominate Laura Kathryn DeMaranville, of Verdi, Nevada, as the Executor, without bond. If such person or entity does not serve for any reason, I nominate Henry Robert Mosconi Jr., of

Initials:

(41)

Verdi, Nevada, to be the Executor, without bond.

ARTICLE IV
EXECUTOR POWERS

My EXECUTOR, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

ARTICLE V
MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders and in numbers when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Thirty Day Survival Requirement. For the purposes of determining the appropriate distributions under this Will, no person or organization shall be deemed to have survived me, unless such person or entity is also surviving on the thirtieth day after the date of my death.

C. Common Disaster. If my spouse and I die under circumstances such that there is no clear or convincing evidence as to the order of our deaths, or if it is difficult or impractical to determine which person survived the death of the other person, it shall, for the purpose of distribution of my life insurance, property passing under any Trust or other contracts, if any, and property passing under this Will, be conclusively presumed that I survived the death of my spouse.

D. Spouse. I am married to Laura Kathryn DeMaranville and all references in this Will to "my spouse" are references to Laura Kathryn DeMaranville.

E. Children. The names of my children are:

Patrick James DeMaranville
Darren Lee DeMaranville

All references in this Will to "my child" or "my children" include the above child (or children) and

Initials

200 170 (43)

any other children born to or adopted by me after the signing of this Will.

F. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my EXECUTOR.

IN WITNESS WHEREOF, I have subscribed my name below, this 26 day of August, 1997.

Daniel Eugene DeMaranville

We, the undersigned, hereby certify that the above instrument, which consists of 5 pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by Daniel Eugene DeMaranville (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names and addresses as witnesses on the date shown above.

Witness Signature: Kellene Mosconi

Witness Name: KELLENE MOSCONI

Witness Address: P.O. Box 64
Verdi, Nev. 89439

Initials

201 171

(4)

Witness Signature: Jamen M. Neef

Witness Name: Jamen M. Neef

Witness Address: P.O. Box 704
Verdi, NV 89439

Witness Signature: Barbara A. Ting

Witness Name: Barbara A. Ting

Witness Address: P.O. Box 221
VERDI, NV 89439

Initials:

202

172

45

AFFIDAVIT

STATE OF NEVADA
COUNTY OF WASHOE

Before me, the undersigned, on this day personally appeared Daniel Eugene DeMaranville, Kellene Mosconi, Jamen M. Neef, and Barbara A. Ting, known to me to be the Testator and the witnesses, respectively, whose names are signed to the foregoing instrument. All of these persons were first duly sworn by me. Daniel Eugene DeMaranville, the Testator, declared to me and to the witnesses, in my presence, that the foregoing instrument is the Testator's Will and that the Testator willingly signed and executed such instrument (or expressly directed another person to sign the instrument for the Testator in the Testator's presence) in the presence of the witnesses, as the Testator's free and voluntary act for the purposes expressed in the instrument. Each of the witnesses declared in the presence and hearing of the Testator that the foregoing instrument was executed and acknowledged by the Testator as the Testator's Will in their presence and that they, in the Testator's presence, hearing and sight and at the Testator's request, and in the presence of each other, did subscribe their names to the instrument as attesting witnesses on the date of the instrument. The Testator, at the time of the execution of such instrument, was of full age, of sound mind, and the witnesses were sixteen years of age or older and otherwise competent to be witnesses.

Daniel Eugene DeMaranville, Testator

Kellene Mosconi, Witness

Jamen M. Neef, Witness

Barbara A. Ting, Witness

Received
MAR 04 2013
CCMSI-Reno

Initials:

203

173 (46)

Subscribed, sworn to and acknowledged before me by Daniel Eugene DeMaranville, the Testator; and subscribed and sworn before me by Kellene Mosconi, James M. Neef, and Barbara A. Ting, witnesses, this 26th day of Aug, 1997.

Notary Public, or other officer authorized to take and certify acknowledgements and administer oaths

MARGIE CLARK
Washoe County Justice of the Peace
Oaths & Acknowledgement Powers
NRS. 4.120, 4.190

Received
MAR 04 2013
CCMSI-Reno

Initials

47

204 174

C C M S I

March 25, 2013

Daniel Demaranville
PO Box 261
Verdi, NV 89406

Re: Claim No.: 12853C301824
D.O.I.: 8/5/2012
Employer: City of Reno

Dear Ms. Demaranville:

Thank you for submitting the medical records from Renown Medical Center dated 8/5/2012. At this time CCMSI needs a written request from you requesting widow benefits.

If you have questions or wish to discuss this issue further, please contact me at the number noted below.

Sincerely,

Lisa Jones
Claims Representative

cc: file
City of Reno

April 25, 2013

SCANNED

CCMSI/Lisa Jones

Fax #324-9893

Re: Daniel DeMaranville

Claim #12853C301824

Please reconsider my claim for widow's benefits. It is my understanding that you now have all the needed records from Renown Medical Center that I faxed to you on February 25, 2013.

This letter is an updated request for my benefits. Please contact me as soon as possible with the decision.

Thank you,

Laura DeMaranville

P O Box 261

Verdi NV 89439

345-6530

843-8815 cell

verditwo@gbis.com

Received

APR 25 2013

CCMSI-Reno

206

176

49

5.

12853C301824

McDONALD·CARANO·WILSON LLP

Timothy E. Rowe **Reply to Reno**

May 9, 2013

Jay E. Betz, M.D., CIME
Concentra Medical
1530 East Sixth Street
Reno, NV 89502

Via Hand Delivery

Re: Claimant: **Daniel DeMaranville (Deceased)**
Employer: **City of Reno**
Date of Injury: **8/5/12**

Dear Dr. Betz:

This firm represents the City of Reno in a worker's compensation appeal involving a claim for death benefits under NRS 616C.505 by the sponsor of a retired police officer, Daniel DeMaranville. Cannon Cochran Management Services, Inc. (CCMSI) is the administrator for this claim, and has authorized me to request your assistance concerning the cause Mr. DeMaranville's death. Mr. DeMaranville's widow, Laura DeMaranville, has requested death benefits claiming Mr. DeMaranville's death was caused by heart disease and is therefore compensable under the heart/lung statute (NRS 617.457). I have enclosed a copy of the only medical records we have been able to obtain on Mr. DeMaranville.

Mr. DeMaranville was admitted to Renown Regional Medical Center on August 5, 2012 for a laparoscopic cholecystectomy. It appears that Dr. Gomez was able to perform the procedure without incident. However, while Mr. DeMaranville was in the recovery room, he experienced cardiac arrest and could not be resuscitated. The medical records contained in Mr. DeMaranville's claim file do not identify a specific reason for the cardiac arrest. The discharge diagnosis of Dr. Gomez was cardiac arrest with unsuccessful resuscitation. Dr. Carrera's post-operative diagnosis was post-operative hypotension and shock, with possible cardiac etiology.

The death certificate signed by Dr. Gomez indicates the cause of Mr. DeMaranville's death was cardiac arrest due to atherosclerotic heart disease. However, it is unclear how Dr. Gomez arrived at this conclusion since Mr. DeMaranville had no known history of heart disease and no autopsy was performed.

Received
MAY 18 2013
CCMSI-Reno

100 WEST LIBERTY ST., 10TH FLOOR
RENO, NEVADA 89501

PO. BOX 2670, RENO, NEVADA 89505
775-788-2000 • FAX 775-788-2020

ATTORNEYS AT LAW

www.mcdonaldcarano.com

2300 WEST SAHARA AVENUE
SUITE 1200
LAS VEGAS, NEVADA 89102
702-873-4100
FAX 702-873-9966

207 177

The underlying issue in this case concerns whether Mr. DeMaranville's death was caused by heart disease such that the conclusive presumption of NRS 617.457 would apply. Although the death certificate attributes the cardiac arrest to atherosclerotic heart disease, there appears to be no specific medical evidence to support this conclusion.

It would be very much appreciated if you would review the records included with this letter and respond to the following questions:

1. Based on the limited records enclosed with this letter, are you able to determine the actual cause of Mr. DeMaranville's death?

2. What is the probability Mr. DeMaranville's death was caused by heart disease?

3. What is the probability his death was caused by something other than heart disease?

4. Because Mr. DeMaranville had no history of atherosclerotic heart disease and no autopsy was performed, is there any medical evidence that supports the conclusion that his death was caused by atherosclerotic heart disease? If so, please state what medical evidence supports this conclusion.

5. Would an opinion from a cardiologist be helpful in this case? If so, who would you recommend as an expert?

6. With the limited information available here, are you able to determine if the cardiac arrest was caused by some form of heart disease (*heart disease* meaning *any type of disease process or defect in the heart*, not just atherosclerotic heart disease)?

Please send your bill for responding to this letter directly to Lisa Jones at CCMSI at P.O. Box 20068, Reno, Nevada, 89515-0068.

Thank you for your assistance in this matter. Please call me if you have any questions.

Sincerely,

Timothy E. Rowe

TER/cw
Enclosures

cc: Julie Alvarez (CCMSI)

#365836v1[cw5/7/13]

Received
MAY 18 2013
CCMSI-Reno

178 (51)

208

Jay E. Betz, MD, CIME, CHCQM, FABQAURP
Occupational Medicine & Injury Care Consulting
Diplomat American Board of Independent Medical Examiners
Certified Healthcare Quality Manager
Fellow of the American Board of Quality Assurance & Utilization Review Physicians

May 13, 2013

Timothy Rowe
McDonald, Carano, Wilson
P.O. Box 2670
Reno, NV 89505

Re: Daniel DeMaranville
DOI: 08/5/12

CHART REVIEW

Dear Mr. Rowe,

At your request I reviewed the partial medical record of Daniel DeMaranville to help clarify his cause of death.

The opinions expressed in this report are stated to a reasonable degree of medical probability based on the medical records provided and may be altered by additional information.

HISTORY:
As you know, Mr. DeMaranville was a 77 year old retired Reno Police Officer. On August 5, 2012, he was admitted to Renown Regional Medical Center for a laparoscopic cholecystectomy which was performed by Dr. Gomez without apparent intraoperative complications.

In the recovery room Mr. DeMaranville became hypotensive, hypoxemic an experienced progressive bradycardia followed by pulseless electrical activity. CPR was initiated but resuscitation was not successful.

A note from Dr. Frank Carrea, cardiologist, indicates he was called to respond to the patient's progressive decompensation. When he arrived the patient was being intubated and was receiving CPR. He noted the patient had no known history of cardiac disease other than a baseline right bundle branch block. ECG at the time of his arrival showed a rate of 60 with a wide complex escape rhythm. The patient was given epinephrine, atropine and sodium bicarbonate. Several attempts were made to defibrillate. Echocardiogram showed no left ventricular wall motion. Resuscitation was stopped and the patient was declared deceased.

10580 N. McCarran Blvd. #115-345, Reno, NV 89503
Phone (530) 277-7485 Fax (530) 268-8495 Email jayebetzmd@jps.net

179 (52)

209

An autopsy was declined by the patient's wife.

The death certificate signed by Dr. Gomez states that the patient died of a cardiac arrest due to atherosclerotic heart disease.

An occupational claim was then filed at the request of the patient's wife seeking compensation under the heart/lung statue (NRS 617.457).

No preoperative medical records are presented for review. It is not known if the patient had a preop cardiac clearance.

DISCUSSION:
I will now answer the 6 questions you present in your cover letter.

1. Based on the limited medical records enclosed with this letter, are you able to determine the actual cause of Mr. DeMaranville's death?

   Answer: No.

2. What is the probability Mr. DeMaranville's death was caused by heart disease?

   Answer: Heart disease is the most common cause of death in the elderly. Without another easily identifiable cause, the probability is high that Mr. DeMaranville died of heart disease.

3. What is the probability his death was caused by something other than heart disease?

   Answer: In the immediate postoperative period, the differential diagnosis also includes pulmonary embolism and anesthesia related complications. These, however, are much less likely than heart disease.

4. Because Mr. DeMaranville had no history of atherosclerotic heart disease and no autopsy was performed, is there any medical evidence that supports the conclusion that his death was caused by atherosclerotic heart disease? If so, please state what medical evidence supports this conclusion?

   Answer: Nearly everyone develops atherosclerotic heart disease to one degree or another as we age. Often the first sign of significant atherosclerotic heart disease is a myocardial infarction. Sometimes this infarction is massive and fatal. In the case of Mr. DeMaranville, considering his age and the sudden onset of cardiac insufficiency it is most likely he suffered a significant myocardial infarction making a large portion of his myocardium nonfunctional.

5. Would an opinion from a cardiologist be helpful in this case? If so who would you recommend as an expert?

10580 N. McCarran Blvd. #115-345, Reno, NV 89503
Phone (530) 277-7485 Fax (530) 268-8495 Email jayebetzmd@jps.net

210 180 53

Answer: Perhaps. I would start with Dr. Frank Carrea who was present at the time of Mr. DeMaranville's attempted resuscitation. If an independent review is sought, I would recommend a cardiologist from the medical school.

6. With the limited information available here, are you able to determine if the cardiac arrest was caused by some form of heart disease?

   Answer: Not with certainty. Absent an autopsy, a definitive conclusion regarding Mr. DeMaranville's cause of death may not be possible. However review of the entire medical record revolving around the patient's preoperative evaluation and course during the surgical procedure may be helpful in clarifying his cause of death.

I hope this review has been of assistance. If you have further questions or concerns, do not hesitate to contact me.

Sincerely,

Jay E. Betz, MD, CIME, CHCQM

JEB/lt

10580 N. McCarran Blvd. #115-345, Reno, NV 89503
Phone (530) 277-7485 Fax (530) 268-8495 Email jayebetzmd@jps.net

CCMSI

May 23, 2013

Daniel DeMaranville
PO Box 261
Verdi, NV 89439

RE: Employer: City of Reno
DOI: 8/5/2012
Claim #: 12853C301824

Dear Ms. DeMaranville:

We are the Workers' Compensation Administrator for City of Reno. We are in receipt of your request for widow benefits dated April 25, 2013. Please be advised your request for widow benefits are denied. There is lack of information establishing the cause of death, as there was no autopsy performed. Additionally, we don't have medical records saying Mr. DeMaranville did in fact have heart disease.

NRS 617.457 Heart diseases as occupational diseases of firefighters and police officers.

1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 5 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment.

2. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State and who has not reached the age of 55 years before the onset of the disease.

3. Except as otherwise provided in subsection 4, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his employment.

4. A physical examination is not required for a volunteer firefighter more than once every 3 years after an initial examination.

5. All physical examinations required pursuant to subsection 3 must be paid for by the employer.

6. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to the annual examination excludes the employee from the benefits of this section if the correction is within the ability of the employee.

7. A person who is determined to be:

(a) Partially disabled from an occupational disease pursuant to the provisions of this section; and

(b) Incapable of performing, with or without remuneration, work as a firefighter or police officer,

may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability.

212 182 55

8. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation

If you do not agree with this determination, you have the right to request a hearing regarding the matter. If this is your intention, please complete the enclosed "Request for Hearing" form and return it, **along with a copy of this letter,** to the Department of Administration, Hearing Division, Carson City, NV within seventy (70) days from the date of this letter.

Sincerely,

CCMSI

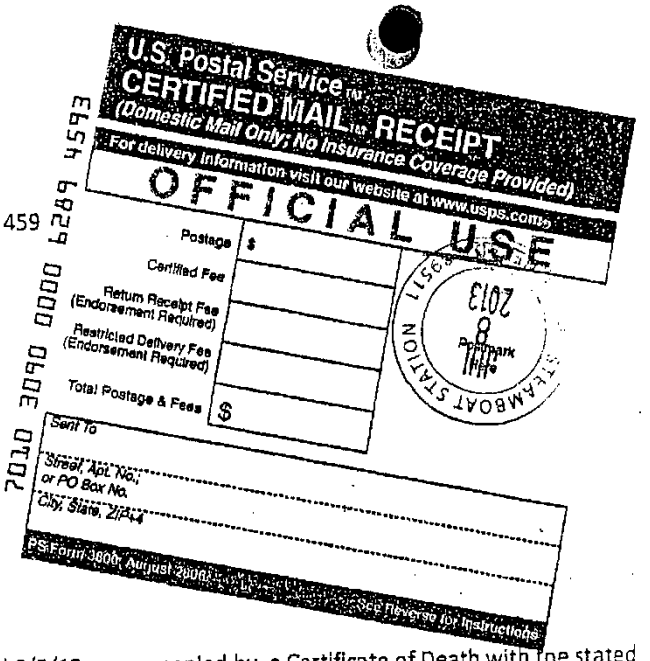
Lisa Jones
Claims Representative

cc: File
City of Reno
DIIR/IIRS
Tim Rowe, Esq.

Enc: D-12a Appeal Rights

56

213 183



Certified Mail: 7010 3090 0000 6289 459

July 8, 2013

Claims Department
Employers Insurance Group
P.O. Box 539004
Henderson, Nevada 89053

Re: Daniel DeMaranville
DOI: 8/5/12

To Whom It May Concern:

Attached you will find a C-4 completed 9/5/12, accompanied by a Certificate of Death with the stated cause of(a) Cardiac arrest (b) Atherosclerotic heart disease.

My husband worked for the City of Reno Police Department retiring in January of 1990. The claim was originally filed with the City of Reno's current TPA CCMSI. I have recently been advised that based on the date of retirement the proper insurer may be the State Industrial Insurance System, and the claim should be filed with your agency.

Please also consider this a request for Death Benefits. At the time of death my husband was employed as a Court Security Officer for the Federal Court thru the contract employer AKAL. AKAL maintained a Nevada workers' compensation policy with coverage verification attached.

Do not hesitate to contact me if additional information is required.

Sincerely,

Laura DeMaranville
P.O. Box 261
Verdi, Nevada 89439
(775) 345-6530

Cc: City of Reno C/O Tim Rowe, Esq.

214 184

(57)

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
Daniel	E	Demarcanville	10-4-1934	☒M ☐F	

Home Address	Age	Height	Weight	Social Security Number
363 S. Verdi Rd.,	77	5'11"	218	

City	State	Zip	Telephone
Verdi	NV	89439	(775) 345-6530

Mailing Address	City	State	Zip	Primary Language Spoken
P.O. Box 261	Verdi	NV	89439	English

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred	Telephone
		Retired Police Officer	(775) 334-4636

Employer's Name/Company Name: City of Reno

Office Mail Address (Number and Street): 1 E. 1st Street, Reno, NV 89505

Date of Injury (if applicable)	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
8-5-2012	am 1918 pm	8-5-2012	n/a	Retired

Address or Location of Accident (if applicable): Renown Hospital

What were you doing at the time of the accident? (If applicable): Recovery

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)

Massive heart attack after surgery

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

None at this time

Witnesses to the Accident (If applicable): Wife (LAURA)

Nature of Injury or Occupational Disease	Part(s) of Body Injured or Affected
Cardiac Arrest	Atherosclerotic Heart Disease

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date 9-5-2012 Place home Employee's Signature [signature]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place: Name of Facility

Date / Hour	Diagnosis and Description of Injury or Occupational Disease	Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? ☐ No ☐ Yes (If yes, please explain)

Treatment:

X-Ray Findings:

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from _____ to _____
☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty
If modified duty, specify any limitations/restrictions: _____

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☐ Yes ☐ No

Is additional medical care by a physician indicated? ☐ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☐ No (Explain if yes)

Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:

Address

City	State	Zip	Provider's Tax I.D. Number	Telephone

Doctor's Signature | Degree

INSURER'S USE ONLY

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev.10/07)

215 185 58

PO Box 261

MAILING ADDRESS: ~~560 E. VERDI RD.~~, VERDI, NV. 89439

State of Nevada

Marriage Certificate

No. D 031446

State of Nevada, }
County of Washoe, } ss.

This is to Certify that the undersigned, Justice of the Peace (Title)
did on the 29TH day of April A.D., 19 89,
at 563 S. Verdi Rd. (Address or Church) Verdi (City) Nevada,
join in lawful Wedlock DANIEL DEMARANVILLE
of VERDI State of NV.
and LAURA K. MOSCONI
of VERDI State of NV.
with their mutual consent, in the presence of Virginia Mosconi
and Dolly Miranda, witnesses.

COUNTY CLERK

Signature of person performing marriage

MARGIE CLARK
Print name under signature (Requestor)

NRS 122.130

(59)

216

186

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS – RENO, NEVADA

CERTIFICATE OF DEATH

2012012516
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Daniel Eugene	DEMARANVILLE	August 05, 2012	Washoe

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	4. SEX
Reno	Renown Regional Medical Center	Inpatient	Male

5. RACE (Specify)	6. Hispanic Origin? Specify	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS.	8. DATE OF BIRTH (Mo/Day/Yr)
White	No - Non-Hispanic	77			October 04, 1934

IF DEATH OCCURRED IN INSTITUTION - SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. EDUCATION	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Iowa	United States	16	Married	Laura K MOSCONI

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
504-28-1477	Detective	Law Enforcement	Yes

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Washoe	Reno	563 South Verdi Road	No

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
Earl Brunson DEMARANVILLE	Waunita REILLY

DISPOSITION

18a. INFORMANT - NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Laura DEMARANVILLE	P.O.Box 261 Verdi, Nevada 89439

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION - City or Town, State
Cremation	Sierra Crematory	Reno Nevada 89503

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE	20c. NAME AND ADDRESS OF FACILITY
BLAKE HOWE SIGNATURE AUTHENTICATED	622	Walton's Funeral Home, Reno 875 West Second St Reno NV 89503

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED
MYRON JAMES GOMEZ M.D.

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
August 07, 2012	19:18

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)

22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
22d. PRONOUNCED DEAD (Mo/Day/Yr)	22e. PRONOUNCED DEAD AT (Hour)

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	23b. LICENSE NUMBER
Myron James Gomez M.D. 75 Pringle Way #1002 Reno, NV 89502	5674

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
BRIDGES SANDI SIGNATURE AUTHENTICATED	August 10, 2012	YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I:
(a) Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Atherosclerotic heart disease — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(d)

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	No

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED

28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION - STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

3967979

VRS-Rev-20120523a

000091619 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

08/10/2012 DATE ISSUED

DEPUTY REGISTRAR

Joseph P. Iser MD,DrPH,MS
SIGNATURE AUTHENTICATED

This copy not valid unless prepared on engraved border displaying date, seal and signature of registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Nevada Division of Industrial Relations

Employers' Workers' Compensation Insurance Coverage Verification

Coverage/Injury/Illness Date 8/3/2012 05- Default = Today's Date

Employer Name AKAL Security ◉ Contains ○ Starts With

OR

Federal Employer Identification Number

Search Reset

Click here for claim processing information.

Worker's Compensation Insurance Coverage Provider: NEW HAMPSHIRE INSURANCE COMPANY
Policy Number: WC015684079
Coverage/Injury/Illness Date: 08/05/12

Return to Policy Results

Employer Name	Street Address	City	State	Zip
AKAL SECURITY INC	NO SPECIFIC ADDRESS (RECORD TYPE) SUBMITTED		NV	

61

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:	Hearing Number: 44686-SA Claim Number: 12853C301824
DANIEL DEMARANVILLE PO BOX 261 VERDO, NV 89439	CITY OF RENO ATTN CARA BOWLING PO BOX 1900 RENO, NV 89505

_____/

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Claimant's Request for Hearing was filed on June 28, 2013.

The requesting party appealed the Insurer's determination dated May 23, 2013.

The parties have filed a stipulation to waive a hearing at the Hearing Officer level and to proceed directly to the Appeals Officer level.

> **NRS 616C.315(7)** provides that the parties to a contested claim may, if the Claimant is represented by counsel, agree to forego a hearing before a Hearing Officer and submit the contested claim directly to an Appeals Officer.

THEREFORE, good cause appearing, the Hearing Officer proceeding is **DISMISSED** and this matter shall be and hereby transferred to the Appeals Officer for further proceedings.

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 1050 E. Williams Street #450, Carson City, Nevada 89701, within 15 days of this order.

IT IS SO ORDERED this 17th day of July, 2013.

Sondra L Amodei, Hearing Officer

62

220 190

MAILING ADDRESS: ~~563 S. VERDI RD.~~ PO Box 261 VERDI, NV. 89439

State of Nevada

Marriage Certificate

No. D 031446

State of Nevada, } ss.
County of Washoe. }

This is to Certify that the undersigned, Justice of the Peace (Title)
did on the 29TH day of April A.D. 19 89,
at 563 S Verdi Rd Verdi (City) Nevada,
(Address or Church)
join in lawful Wedlock DANIEL DEMARANVILLE
of VERDI State of NV.
and LAURA K. MOSCONI
of VERDI State of NV.
with their mutual consent, in the presence of Virginia Mosconi
and Dan Fumanda, witnesses.

Signature of person performing marriage

MARIE CLARE
Print name under signature (Registrar)

NRS 122.100

Received
SEP 06 2012
CCMSI-Reno

63

221 191

RENOWN REGIONAL MEDICAL CENTER
1155 MILL STREET
RENO, NV 89502-1578

DEMARANVILLE,DANIEL EUGENE
MRN: 0339682
DOB: 10/4/1994, Sex: M
Adm:8/5/2012, D/C:8/5/2012

Encounter Information

Encounter Information

CSN#	Facility	Admit Date	Discharge Date
8501392300	RENOWN REGIONAL MEDICAL CENTER	Aug 5, 2012	Aug 5, 2012

Transcription

Type	ID	Date and Time	Author
OP Report	MDQ52494 4278	8/5/2012 1:32 PM	Myron J Gomez, M.D.

Authenticated by Myron J Gomez, MD on 08/22/12 at 2313

Document Text

DATE OF OPERATION: 08/05/2012

PREOPERATIVE DIAGNOSIS: Biliary dyskinesia/colic.

POSTOPERATIVE DIAGNOSIS: Biliary dyskinesia/colic.

OPERATION PERFORMED: Laparoscopic cholecystectomy.

SURGEON: Myron J. Gomez, MD.
ASSISTANT:
ANESTHESIOLOGIST: Terry A. Ellis, M.D.

ANESTHESIA: General.

INDICATIONS: Chronic abdominal pain consistent with biliary colic. Abnormally low ejection fraction. Procedure, alternatives, risks, and disability were discussed with the patient in the office. Questions were answered and he wished to proceed.

OPERATION: The abdomen was prepped and draped in sterile fashion. A Veress needle was introduced in the abdomen inflated to 15 mmHg. Midline five port was inserted without incident. Triangulating ports were then inserted under video assist. Gallbladder was retracted displaying triangle of Calot. Triangle was cleared of soft tissue exposing the cystic duct and cystic artery. Cystic artery was divided using multiple hemoclips. Cystic duct was then divided using multiple hemoclips. The gallbladder was then retracted from the gallbladder fossa using argon beam. There was no active hemorrhage at the conclusion of the procedure. The gallbladder was removed using an

64

223 193

RENOWN REGIONAL MEDICAL CENTER
1155 MILL STREET
RENO, NV 89502-1576

DEMARANVILLE,DANIEL EUGENE
MRN: 0339682
DOB: 10/4/1934, Sex: M
Adm:8/5/2012, D/C:8/5/2012

Encounter Information (continued)

EndoCatch bag and then the abdomen reinflated. The area of dissection was irrigated. There was no active hemorrhage or bile leak. Ports were removed with video assist. All wounds were irrigated. No active hemorrhage. Skin was closed with staples. Patient tolerated the procedure well and was taken to recovery room in stable condition.

ESTIMATED BLOOD LOSS: Minimal.

SPECIMENS TO PATHOLOGY: Gallbladder.

Myron J. Gomez, M.D.

MJG/MEDQ
DD: 08/05/2012 1:32 PM
DT: 08/05/2012 5:35 PM
D#: 1874889 Job#: 524944276
cc: MYRON J. GOMEZ, M.D.

Display only: Transcription (MDQ524944276) on 8/5/2012 1:32 PM by Myron J Gomez, M.D.

RENOWN REGIONAL MEDICAL CENTER
1155 MILL STREET
RENO, NV 89502-1576

DEMARANVILLE,DANIEL EUGENE
MRN: 0339682
DOB: 10/4/1934, Sex: M
Adm:8/5/2012, D/C:8/5/2012

Encounter Information

Encounter Information

CSN#	Facility	Admit Date	Discharge Date
8501392300	RENOWN REGIONAL MEDICAL CENTER	Aug 5, 2012	Aug 5, 2012

Transcription

Type	ID	Date and Time	Author
Discharge Summary	MDC52498 3899-1	8/6/2012 8:04 PM	Myron J Gomez, M.D.

Authenticated by Myron J Gomez, MD on 08/17/12 at 0127
This document replaces document MDC524963899

Document Text

DATE OF ADMISSION: 08/05/2012

DATE OF DISCHARGE: 08/05/2012

ADMITTING DIAGNOSIS: Biliary colic with biliary dyskinesia.

DISCHARGE DIAGNOSES:
1. Biliary colic and biliary dyskinesia.
2. Cardiac arrest with unsuccessful resuscitation.

OPERATIONS AND PROCEDURES: Laparoscopic cholecystectomy.

CONSULTATIONS: Frank Carrea, M.D. - Cardiology.

HISTORY: The patient presented to the office with a long history of abdominal pain. GI workup was consistent with biliary dyskinesia. He was evaluated by Dr. Gray, who referred the patient for cholecystectomy. Following evaluation in the office, the patient was admitted to Renown Regional for laparoscopic cholecystectomy. He underwent the procedure without incident. There was no active hemorrhage at the conclusion of the procedure. In the recovery room, the patient was hypotensive. Several liters of crystalloid were administered. Repeat hematocrit was in the normal range. He remained hypoxemic requiring oxygen. Dr. Frank Carrea, Cardiology, was consulted, and an ICU bed was arranged. Cardiac echo was ordered. Just prior to the cardiac echo, the patient experienced progressive bradycardic episode and then pulseless electrical activity. CPR was initiated. In attendance for the resuscitation was Dr. Frank Carrea and Dr. Terry Ellis, Anesthesia. Resuscitation was not successful.

225 195

RENOWN REGIONAL MEDICAL CENTER
1155 MILL STREET
RENO, NV 89502-1578

DEMARANVILLE,DANIEL EUGENE
MRN: 0339682
DOB: 10/4/1934, Sex: M
Adm:8/5/2012, D/C:8/5/2012

Encounter Information (continued)

The patient's wife was counseled postoperatively. An autopsy was declined by the patient's wife. The order was written in the medical record.

Myron J. Gomez, M.D.

MJG/MEDQ
DD: 08/05/2012 8:04 PM
DT: 08/05/2012 9:03 PM
D#: 1874953 Job#: 524963899
cc: MYRON J. GOMEZ, M.D.

Display only: Transcription (MDQ524963899-1) on 8/5/2012 8:04 PM by Myron J Gomez, M.D.

Document history: Transcription (MDQ524963899-1) on 8/5/2012 8:04 PM by Myron J Gomez, M.D.

226 196

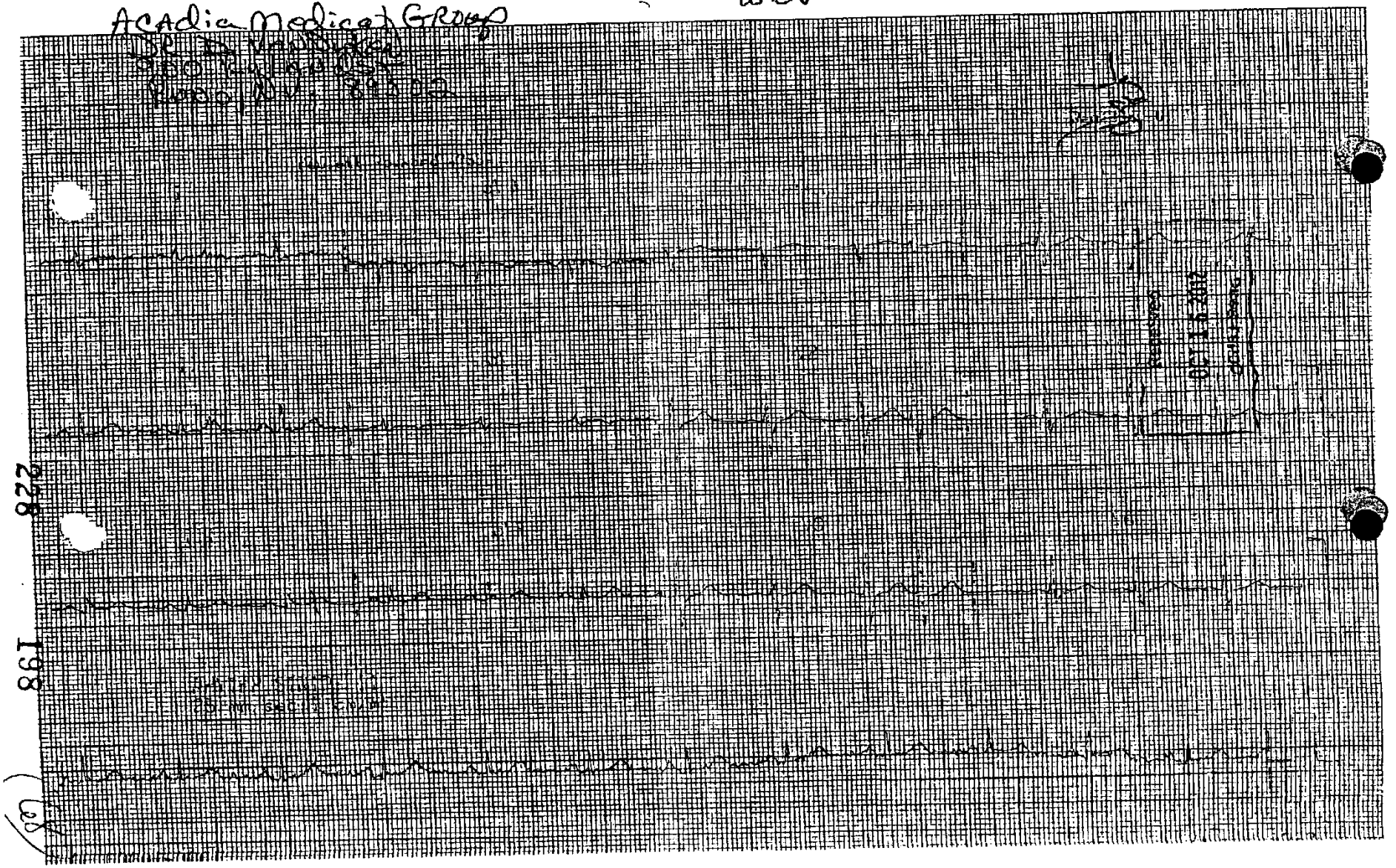
Daniel Demaranville

29 MAR 98 16:32:36 PA 134430

64 years
206 lb 71 in

74 yrs .16/.06/.26
with.

Acadia Medical Group



228

198

SA 240

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

Patient: DEMARANVILLE, DANIEL E. Date: 04/12/99
Physician: DONALD D. VANDYKEN, M.D. DOB: 10/04/34
MRN: 160912

Request number: 159879

XRAY CHEST, PA AND LATERAL

Clinical Indication:

DIFFICULTY BREATHING. SOB.

Findings:

The heart and mediastinum are normal. The lungs are mildly overexpanded, but show no infiltrate, mass, effusion or other active disease.

IMPRESSION: 1) COPD.
2) NO OTHER EVIDENCE OF ACTIVE CARDIOPULMONARY DISEASE.

THM/sp
d: 4/12/99

cc:

Reviewed and signed: TIMOTHY H. MARTIN, MD

LabCorp® Reno

Specimen #	Copy/ Number	PAGE 1	ORIGINAL
W4316417	R89622 356		

Fasting	Micro Source	Total Urine Volume	Report Status
12			FINAL

Date Collected	Time Collected	Date Entered	Date Reported
04131999	07:05	04/13 7:05	04141999

Clinical Information: QA Checked by: SDP

Patient ID Number	Patient Phone Number	Patient SSN
134430	775 345 6530	

Account: 89622
ACADIA MEDICAL GROUP
900 RYLAND STREET
RENO, NV. 89502

Patient Name	Sex	Date of Birth
DEMARANVILLE,DANIEL E	M	10041934

Patient Address: ~~P.O. BOX 261~~
VERDI, NV 89439

Comments:

Phy: VANDYKEN,DONALD N

Tests Requested: 303756,5020,4106,310900,5150,951

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Prostate Specific Antigen (RSA), Serum					NVS
PROSTATE SPECIFIC ANTIGEN	1.0		ng/mL	<4.0	
Complete Blood Count					
Hemogram, Blood					NVS
WBC	9.5		TH/mcL	4.0-10.5	
RBC	4.93		MI/mcL	4.20-6.00	
Hemoglobin	16.2		g/dL	13.0-18.0	
Hematocrit	48.8		%	37.0-55.0	
MCV	98.9		fL	80-100	
MCH	32.8		pg	27-33	
MCHC	33.2		g/dL	32-36	
RDW	13.1		%	12.0-16.2	
Platelet Count	226		TH/mcL	140-440	
Mean Platelet Volume	7.5		fL	6.8-9.6	
"Note new adult reference ranges for RBC, Hematocrit, and Hemoglobin effective April 7, 1999."					
Differential					NVS
Neutrophils	63		%	48-73	
Lymphocytes	27		%	18-48	
Monocytes	5		%	0-13	
Eosinophils	3		%	0-6	
Basophils	2		%	0-3	
Urinalysis (Complete)					NVS
Color	PALE STRAW				
Character	CLEAR				
PH	6.5			5 - 8	
Specific Gravity	1.015			1.003 - 1.035	
Leukocyte Esterase	NEG			Negative	
Nitrite	NEG			Negative	
Protein	NEG			Negative	
Glucose	NEG			Negative	
Ketones	NEG			Negative	
Bilirubin	NEG			Negative	
Occult Blood	(RDS) 1+			Negative	
WBC	(H) 25		/HPF	0 - 2	
RBC	(H) 25		/HPF	0	
Epithelial Cells	0-2		/HPF	0 - 3	
Bacteria	RARE			Any/All Results	

Received OCT 15 2012 CCMSI-Reno

LAB TESTING LOCATIONS:
NVS = Laboratory Corporation of America
888 Willow St, Reno, NV 89502
Director: S.D. Parks, M.D.

200

DEMARANVILLE,DANIEL E CONTINUED REPORT 230

CONTINUED REPORT

Specimen #	Control Number	PAGE 2
W4316417	R8962 356	PAGE 2

ORIGINAL

LabCorp® Reno

Fasting	Micro Source	Total Urine Volume	Report Status
12			FINAL

Date Collected	Time Collected	Date Entered	Date Reported
04131999	07:05	04/13 7:05	04141999

Clinical Information

QA Checked by SDP

Patient ID Number	Patient Phone Number	Patient SSN
134430	775 345 6530	

Patient Name	Sex	Date of Birth
DEMARANVILLE, DANIEL E	M	10041934

Patient Address
P.O. BOX 261
VERDI, NV 89439

Account
ACADIA MEDICAL GROUP 8962
900 RYLAND STREET
RENO, NV. 89502

Comments

Phy: VANDYKEN, DONALD N

Tests Requested
303756, 5020, 4106, 310900, 5150, 951

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Mucous Threads	RARE				
Hyaline Casts	(*)	RARE	/LPF	Any/All Results	
NO OTHER MICROSCOPIC ELEMENTS SEEN.					
Lipid Panel					
Cholesterol and Triglycerides					NVS
Cholesterol, Total	199		mg/dL	100 - 199	
Triglycerides	104		mg/dL	0 - 199	
					NVS
HDL/LDL					
HDL	38		mg/dL	35 - 150	
LDL	(H)	140	mg/dL	62 - 130	
Chol/HDL Ratio	5.2				

Data from various studies suggest that the ratio of the total cholesterol/HDL may provide a "rule of thumb" guide in predicting increased risk to coronary heart disease.

	TOTAL CHOLESTEROL/HDL RATIO	
Risk	Men	Women
1/2 Average	3.43	3.27
Average	4.97	4.44
2 X Average	9.55	7.05
3 X Average	23.99	11.04

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
VLDL					NVS
VLDL, Calculated	21		mg/dL	<20 Desirable	
				20-39 Borderline	
Comprehensive Metabolic Panel (13)					
Sodium	141		mmol/L	135 - 147	NVS
Potassium	4.3		mmol/L	3.5 - 5.3	NVS
Chloride	106		mmol/L	96 - 109	NVS
Carbon Dioxide (CO2)	30		mmol/L	20 - 32	NVS
Total Bilirubin	0.7		mg/dL	0.1 - 1.2	NVS
Alkaline Phosphatase	49		U/L	25 - 150	NVS
AST (SGOT)	20		U/L	0 - 45	NVS
Calcium	8.7		mg/dL	8.5 - 10.8	NVS
Blood Urea Nitrogen (BUN)	18		mg/dL	5 - 26	NVS
Creatinine	1.4		mg/dL	0.6 - 1.5	NVS
BUN/Creatinine Ratio	12.9				NVS

Received
OCT 1 5 2012
CCMSI Reno

LAB TESTING LOCATIONS:
NVS = Laboratory Corporation of America
888 Willow St, Reno, NV 89502
Director: S.D. Parks, M.D.

DEMARANVILLE, DANIEL E CONTINUED REPORT

231

201

☐ CONTINUED REPORT

LabCorp® Reno

ORIGINAL

Specimen #	Copy	Number	PAGE 3
W4316417	R8962	556	

Fasting	Micro Source	Total Urine Volume	Report Status
12			FINAL

Date Collected	Time Collected	Date Entered	Date Reported
04131999	07:05	04/13 7:05	04141999

Clinical Information

QA Checked by: SDP

Patient ID Number	Patient Phone Number	Patient SSN
134430	775 345 6530	

Account

ACADIA MEDICAL GROUP 89622
900 RYLAND STREET
RENO, NV. 89502

Patient Name	Sex	Date of Birth
DEMARANVILLE, DANIEL E	M	10041934

Patient Address
~~P.O. BOX 261~~
VERDI, NV 89439

Comments

Phy: VANDYKEN, DONALD N

Tests Requested
303756, 5020, 4106, 310900, 5150, 951

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Total Protein	6.8		g/dL	6.0 - 8.5	
Albumin	4.3		g/dL	3.5 - 5.5	NVS
Globulin	2.5		g/dL	1.9 - 3.5	NVS
A/G Ratio	1.7			1.1 - 2.4	NVS
Glucose	96		mg/dL	60 - 115	NVS

Received
OCT 15 2012
CCMSI-Reno

LAB TESTING LOCATIONS:
NVS = Laboratory Corporation of America
888 Willow St, Reno, NV 89502
Director: S.D. Parks, M.D.

12

DEMARANVILLE, DANIEL E REPORT 232 202

Acadia Medical Group

NAME: Daniel Demaranville

CHART NO.:

PAGE:

DATE	Prob. No.	DESCRIPTION (Subjective, Objective, Assessment, Plan)	TESTS
APR 26 1999		BP 140/70 (L)	Zantac 150 ...
		Here for 1 month f/u	
		[illegible] microhematuria	
		[illegible] he uses without dilation	
		from T-[illegible]. no gross blood	
		[illegible] dilations. Worked up	[illegible]
		12 years ago	MSCUA
		CXR - COPD. ↑LDL.	9 wk x 4
		[illegible] tobacco abuse &	[illegible] 8 AM
		[illegible] Zyban	
		Also [illegible] back spasms.	
		[illegible] helps	
		Stomach OK on Zantac	
		O - WNWD [illegible]	
		A - [illegible]	
		Microhematuria	
		COPD	
		Tobacco abuse.	
		dyslipidemia	
		P - [illegible]	
		[illegible] 5 wks	
		Zyban starter	
		Ret 6 wks	
		[signature]	
5/6/99 1530		T.C. from pt, pt notified of IVP results [initials]	

Received OCT 15 2012 CLMSP-Rono

PROBLEM ORIENTED PROGRESS NOTE

203

233

13

SA 245

DATE	Prob. No.	DESCRIPTION (Subjective, Objective, Assessment, Plan)	TESTS
29 May 99 cont		Card- RRR s̄ (m) r/g/	
		Abd s̄ mass bruit tenderness	
		Neuro OX4 CM s̄ grossly	
		nl: CN II-XII nl reflexes	
		Gu- circ + (L) obturator Ø	
		hernia.	
		Rectal nl mild symmetric	
		BPH - stool toy.	
		A-- COPD.	
		Hx MI? Ø	
		~~GERD~~	
		BPH	
		Mild 1° labile HTN	
		Tobacco abuse	
		cervical strain	
		Tremor - benign	
		P - Cont meds	
		Daily Exercise	
		RV 1 mo	
4/6/99 1715		Per Dr. VanDyken - Zantac 150 mg #40	Albertsons 329-9981 (K)
1-13-99		Developed 3 Hemoccult cards, all 3 are Neg (m)	

PROBLEM ORIENTED PROGRESS NOTE

(74)

cont.

DATE	Prob. No.	DESCRIPTION (Subjective, Objective, Assessment, Plan)	TESTS
5/14/99		Refill called in for Zantac 150mg #40 x 2 ref to Albertsons 329-2987 per Dr. [illegible]	
JUN 09 1999			
JUN 10 1999		BP 120/70	
		Here for test results	Zantac 150mg BID
		Disc'd microhematuria (+) x 4	
		Disc'd nl IVP	
		" prev w/u by T. Brady for gross hematuria	
		disc'd poss of bladder ca	
		assoc c smoking.	
		A- Microhematuria	
		HTN [illegible]	
		P- Consult T. Brady	
		Rev 3 mos	
8/4/99	1115	Per Dr. VanDyke — Zantac 150 #60/2RF	
		Albertsons 329-2981 — [illegible]	
AUG 03 2000		BP 139/80	
		Here for F/u	Zantac 150 BID
		Disc'd nl cysto	
		Breathing ok -	Excedrin
		still smoking.	
		Never tried Zyban.	
		O died from lung CA. (smoker)	
		Disc'd proper dose of Zyban	

PROBLEM ORIENTED PROGRESS NOTE

cont.

(15)

Acadia Medical Group

NAME: Daniel Demaranville

CHART NO.: 134430

PAGE:

DATE	Prob. No.	DESCRIPTION (Subjective, Objective, Assessment, Plan)	TESTS
3 Aug 00 cont.		O - Neck ō mass [illegible]	
		lung [illegible]	
		Card RRR ō [illegible]	
		A - COPD 496	
		Tobacco abuse 305.1	
		GERD	
		P - [illegible]	
		cont. Zantac	
		150 [illegible]	
SEP 26 2000		BP 130/70 P 80 R 20 Ht 70½ Wt 196	Zantac 150 [illegible]
		Here for H+P	
	100.	Gen - ok - back [illegible]	Excedrin Toradol help
		EENT - Ø.	
		Pulm - AM cough - still smoking	
		CV - Ø	
		GI - ok on Zantac, recent diarrhea	
		Stress - ↑ $ [illegible]	
		GU - frequent - good stream	
		Sex - Ø sex.	
		M-S - lots of LBP - Toradol helps	
		Ex - no	
		Neuro - Ø Ø	Received OCT 15 2012 CCMSI-Reno
		Endo - Ø	
		Fatigue - Ø	
		cont.	

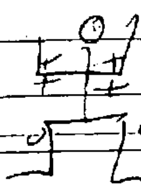
PROBLEM ORIENTED PROGRESS NOTE

(Front)

206

236

SA 248

DATE	Prob. No.	DESCRIPTION (Subjective, Objective, Assessment, Plan)	TESTS
25 Sept 00 cont		Integ – ∅	
		sleep ↓	
		PMH	
		SH	
		FH	
		O WNOW WD NAD PERRL EOMI	
		~~O WDW~~ TMs ∅ Ⓡ perf.	
		Nares ∅ Phryx – inj	
		Neck s̄ [illegible] bruit Z+ carotid.	
		Lungs CTA	
		Card – RRR s̄ [illegible] HTD	
		Abd – s̄ [illegible] Mass tenderness	
		Gen–urin Ⓡ + Ⓛ [illegible]	
		∅ hernia	
		Neuro OX3 CMAS GN	
		CN II – XII nl	
		Rectal – Pt declined.	AV
		A- GERD –	
		COPD –	
		diarrhea	
		Tobacco abuse	UA
		Lumbago	
		dyslipidemia	Flipids CMP
		P Toradol 10 mg T PO TID prn	50/1
		Zantac 150 mg q HS 90/3	
		Rev 3 mos	

PROBLEM ORIENTED PROGRESS NOTE

Received
OCT 1 5 2012
CCHSI-Reno

(T1)

207

237

SA 249

ASSOCIATED PATHOLOGISTS LABORATORIES

4230 Burnham Ave.
Las Vegas, Nevada 89119
(702) 733-7866

PATIENT DENARANVILLE, DANIEL

APL ROUTE RENODIAL 15025
REFERRED BY ACADIA MEDICAL
900 RYLAND
RENO, NV 89052

AGE/SEX 10/04/34 M
COLLECTED 12/08/2000 09:40
RECEIVED 12/08/2000 17:43

ACCESSION NO. 15174543
MED. RECORD NO. 84000032629
CHART NO. 134430
S.S. NO.

TEST	RESULTS	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
Patient Phone # (775)345-6530							
DR VANDYKEN							
PATIENT FASTING.							
PROFILE 944 COMP. METABOLIC							
Glucose	91		70-110	mg/dL		X	
BUN	20		5-20	mg/dL			X
Creatinine	1.4		0.5-1.5	mg/dL			X
Calcium	9.4		8.2-10.4	mg/dL		X	
Total Protein	6.9		6.0-8.0	g/dL		X	
Albumin	4.1		3.2-5.0	g/dL		X	
Total Bilirubin	0.5		0.0-1.2	mg/dL		X	
Alkaline Phosphatase	41		40-120	IU/L	X		
AST (SGOT)	20		3-45	IU/L		X	
ALT (SGPT)	24		3-45	IU/L		X	
Sodium	141		131-145	meq/L		X	
Potassium	4.6		3.5-5.6	meq/L		X	
Chloride	105		98-110	meq/L		X	
CO2	26		22-31	meq/L		X	
LIPID PANEL							
Cholesterol	181		140-200	mg/dL		X	
Triglycerides	57		30-150	mg/dL	X		
HDL	40		35-65	mg/dL	X		
VLDL	11		6-30	mg/dL	X		
Cholest/HDL Ratio	4.53	H	2.00-4.50				X
LDL (Calculated)	130		70-130	mg/dL			X

1. Initial classification by total blood cholesterol:
   (200 mg/dL Desirable cholesterol level
   200-239 mg/dL Borderline high cholesterol level
   >239 mg/dL High cholesterol level

2. HDL cholesterol values less than 35 mg/dL are associated with increased risk of coronary artery disease.

3. Cholesterol/HDL ratio of greater than 4.5 is associated with increased risk.

Received
OCT 16 2012
CMS Reno

HEMOGRAM							
WBC	7.9		4.3-10.0	k/cmm		X	
RBC	4.98		4.50-6.00	m/cmm	X		
Hemoglobin	16.4		13.0-18.0	g/dL		X	
Hematocrit	48.8		39.0-54.0	%		X	
MCV	97.8		80.0-100.0	fl			X
MCH	33.0		27.0-34.0	pg			X
MCHC	33.7		32.0-36.0	%	X		

FINAL SENT DATE/TIME: 12/08/2000 20:15 (CONT) 208 Page 1 of 2

238

ASSOCIATED PATHOLOGISTS LABORATORIES

4230 Burnham Ave.
Las Vegas, Nevada 89119
(702) 733-7866

PATIENT DEMARANVILLE, DANIEL

APL ROUTE REMODIAL 15025

AGE/SEX 10/04/34 M
COLLECTED 12/08/2000 09:40
RECEIVED 12/08/2000 17:43

ACCESSION NO. 15174543
MED. RECORD NO. 8400032629
CHART NO. 134436
S.S. NO.

REFERRED BY ACADIA MEDICAL
900 RYLAND
RENO, NV 89052

TEST	RESULTS	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
Red Cell Distribution	12.9		7.0-16.0			X	
Platelet Count	240		130-450	K/cmm		X	
Mean Platelet Volume	7.6		6.9-10.9	fl		X	
DIFFERENTIAL							
Segmented Neutrophils	60.3		42.0-71.0	%		X	
Lymphocytes	28.9		24.0-44.0	%		X	
Monocytes	9.5		2.0-12.0	%		X	
Eosinophils	0.9		0.0-8.0	%		X	
Basophils	0.4		0.0-2.0	%		X	
URINALYSIS							
Specific Gravity	1.020		1.005-1.030			X	
Color	YELLOW		YELLOW				
Appearance	CLEAR		CLEAR				
Glucose	NEGATIVE		NEGATIVE	mg/dl			
Bilirubin	NEGATIVE		NEGATIVE				
Ketones	NEGATIVE		NEGATIVE				
Blood	MODERATE		NEGATIVE				
pH	5.5		4.6-8.0			X	
Protein	NEGATIVE		NEGATIVE				
Urobilinogen	NORMAL		NORMAL				
Nitrate	NEGATIVE		NEGATIVE				
Leukocyte Esterase	NEGATIVE		NEGATIVE				
WBC	<=5		<=5				
RBC	<=5		<=5				

Received
OCT 16 2012
CCMSI-Reno

(14)

FINAL SENT DATE/TIME: 12/08/2000 20:12

SA 251

APL
ASSOCIATED PATHOLOGISTS LABORATORIES
4230 Burnham Ave.
Las Vegas, Nevada 89119
(702) 733-7866

PATIENT DERMARANVILLE, DANIEL
AGE/SEX 10/04/34 M
COLLECTED 01/19/2002 08:15
RECEIVED 01/19/2002 19:57
ACCESSION NO.
MED. RECORD NO.
CHART NO.
S.S. NO.
APL ROUTE 15025
REFERRED BY RENODIAL
01580737 ACADIA MEDICAL
8500134299 DRS. VAN DYKEN AND DALY
900 RYLAND
RENO, NV 89502

Patient Phone # (775)345-6530
DR P DALY

TEST	RESULTS	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
PROFILE 944 COMP. METABOLIC							
Glucose	94		70-110	mg/dL		X	
BUN	20		5-20	mg/dL			X
Creatinine	1.1		0.5-1.5	mg/dL		X	
Calcium	9.4		8.2-10.4	mg/dL		X	
Total Protein	7.0		6.0-8.0	g/dL		X	
Albumin	4.2		3.2-5.0	g/dL		X	
Total Bilirubin	0.5		0.0-1.2	mg/dL		X	
Alkaline Phosphatase	43		40-120	IU/L	X		
AST (SGOT)	19		3-45	IU/L		X	
ALT (SGPT)	16		3-45	IU/L		X	
Sodium	141		131-145	meq/L			X
Potassium	4.1		3.5-5.6	meq/L		X	
Chloride	104		98-110	meq/L		X	
CO2	25		22-31	meq/L		X	
TSH, Ultra Sensitive	0.64		0.30-5.00	uIU/mL		X	

The Ultra Sensitive TSH is normal (0.30 to 5.00 uIU/ML) If the free thyroxine index (FTI) is also normal this indicates a euthyroid state. If the free thyroxine index (FTI) is elevated this raises the question of very recent administration of thyroid hormone preparations. In this instance inhibition of TSH secretion has not yet occurred. Both thyroid hormone resistance and severe TBG abnormalities should also be considered. If the free thyroxine index (FTI) is low consider pituitary hypothyroidism. Therapy with Triiodothyronine (T3) may also result in a low FTI with a normal TSH. In this instance the patient is usually euthyroid.

(TSH11:920611)(AC92:N)

PSA, TOTAL	0.7		0.0-4.0	ng/mL		X	

The PSA was performed using the Abbott AxSYM assay.

URINALYSIS							
Color	YELLOW		YELLOW				
Appearance	CLEAR		RECEIVED				
Specific Gravity	1.020		1.005-1.030			X	
pH	6.5		OCT 15 2012			X	
Protein	NEGATIVE		NEGATIVE				
Glucose	NEGATIVE		CONFIDENTIAL	mg/dl			
Ketones	NEGATIVE		NEGATIVE				
Blood	NEGATIVE		NEGATIVE				

FINAL : 01/21/02 06:15

240 210

APL
ASSOCIATED PATHOLOGISTS LABORATORIES

4230 Burnham Ave.
Las Vegas, Nevada 89119
(702) 733-7866

PATIENT DERMARANVILLE, DANIEL

AGE/SEX 10/04/34 M
COLLECTED 01/19/2002 08:15
RECEIVED 01/19/2002 19:57

ACCESSION NO.
MED. RECORD NO.
CHART NO.
S.S. NO.

APL ROUTE 15025
REFERRED BY 01580737
8500134299

RENODIAL
ACADIA MEDICAL
DRS. VAN DYKEN AND DALY
900 RYLAND
RENO, NV 89502

TEST	RESULTS	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
Leukocyte Esterase	NEGATIVE		NEGATIVE				

Received
OCT 15 2012
CCMRT-Reno

FINAL : 01/21/02 06:15

ACADIA MEDICAL GROUP

HISTORY AND PHYSICAL EXAMINATION

Name: Daniel DeMarantis Date: 4-14-03

Considering what is normal for you:
Please read each line and circle bolded areas of difficulty or fill in ____.

Review of systems:

- EENT: Have you had any problems with your: **eyes, ears, nose or throat?** hearing aids
- Pulm: Have you had any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?** NO
- Cardio: Have you had any: **chest pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Have had you any **calf pain** when you walk? OCCASIONALLY
- GI: Have you had any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?** NO
- If you are over 50, when is your last flexible sigmoidoscopy or colonoscopy? 1988 complete
- GU: Are you having any problems with **urination?** NO
  Men: do you have trouble **starting your stream or emptying your bladder fully?** YES
  Women: do you **leak urine** when you cough, sneeze, laugh or strain? OCCASIONALLY
- GYN: (for women only): Do you do monthly **breast self-exams?** Found any **lumps?**
  Are you having any problems with your **menstrual period?**
  When was your last **normal menstrual period?** _____
  What do you use for **contraception?** _____
- For both sexes: Do you have any sexual problems or concerns? **Y (N)**
  Do you need any information about sexually transmitted diseases? **Y (N)**
- Musculoskeletal: Do you have any problems with your: **muscles, bones, or joints?**
- Exercise: How much **aerobic exercise** do you get each week? NONE
- Neuro: Do you have any **unusual headaches?** Do you have any: **numbness, weakness, tingling, seizures, passing out, or vision changes?** NO
- Endo: Do you have: a feeling that you are **warmer (or colder)** than most other people? NO
  Do you feel unusually **tired?** YES
  Do you have any problems with your **skin, hair, or nails?** Hands - dry - beard.
- Sleep: Do you have any problems **sleeping?** YES - snoring
- Psych: Do you have any problems with feeling **depressed, "blue", anxious or panicked?**
  Do you feel: **helpless, hopeless, or suicidal?** AT TIMES
  Do you have problems with: **concentrating** or with **having fun?** YES

- UPDATES: (for the physician to do): (check if done)
- Past medical and past surgical history:
- Social history:
- Family history:

Received
OCT 15 2012
CCMSI-Reno

82

212

242

Acadia Medical Group

NAME: Daniel Demaranville

CHART NO.: 134430

PAGE:

DATE	Prob. No.	DESCRIPTION (Subjective, Objective, Assessment, Plan)	TESTS / MEDICATIONS
MAR 1 ? 2003		A. Acute epididymitis. 604.99	
cont.		P - Cipro 500 BID 60/1	
APR 1 4 2003		BP 130/70 P 72 R 18 HT 71 WT 175	Zantac 150
	68	[illegible] for [illegible]	Saw Palmetto
		Hx done - see sheet	
		O - WD WN WO NAD [illegible]	
		PERRL EOMI TMs Ø [illegible]	
		[illegible] neck [illegible]	
		tenderness.	Received
		Lungs CTA + P Ø S or CVAT.	OCT 1 5 2012
		Card NRR [illegible]	CCMSI Reno
		Abd - [illegible]	
		GU - [illegible]	
		Rectal Ø Mass prostate 1.5 [illegible]	
		[illegible] OX4 [illegible]	
		CN II-XII [illegible] reflexes.	
		A - GERD	[illegible] 08.3
		Insomnia	
		Tobacco abuse HTN-labile	[illegible] CP 4A
		Deafness	
		BPH	PSA -
		Xerodermatitis	
		[illegible]: Dysthymia	
		P - Zantac 150 BID 180/3	
		Trial Wellbutrin 150SR 1d 3? [illegible] 1 mo	
			213 (83)

AMG-051 Rev. 05

PROBLEM ORIENTED PROGRESS NOTE

DATE	Prob. No.	DESCRIPTION (Subjective, Objective, Assessment, Plan)	TESTS / MEDICATIONS

PREVACID LANSOPRAZOLE

For Doctor: Dr. VanOyllen Date: 4/28/03 Time: AM 11:55
Name: Laura Demaraiville - wife
Telephone: 345-6530 Pharmacy:
Medication/Prescription: re: Daniel Demaraiville
Message:
You had prescribed him Wellbutrin - would that cause for his prostate to swell?

Please See Accompanying Complete Prescribing Information. Returned your call / Will call again / Please call / Refill / Urgent

4/28/03 1220 T.C. to pt, informed pt Wellbutrin would not cause prostate to swell

5/14/03 BP 140/80

Here for med not working — Zantac 150

Age 68 Dx'd - Wellbutrin not helping - stress ↑↑ — Saw Palmetto

M-S Lots of prob c S.D. — Wellbutrin 150 qd

Tremor - ↓Sleep, App ↓-

O - WN WD Angry - mild tremor -

A- Insomnia -
Anxiety - BPH
Tobacco abuse - 6EMP

P- Start Lexapro 10 mg qD (14)
Ret, TWK. Call pharmacy cost other med
Viagra 50 (6)
Stressed daily walk — counseled

Received OCT 15 2002 CCMSI-Reno

PROBLEM ORIENTED PROGRESS NOTE

214

Specimen #	Control/Req Number	PAGE 1
1010140040	L896220833F	

LabCorp® Reno

Fasting	Micro Source	Total Urine Volume	Report Status
Y			FINAL

Date Collected	Time Collected	Date Entered	Date Reported
05032003	0725	05/03 7:11	05062003

Patient ID Number	Patient Phone Number	Patient SSN
	345-5530	

Patient Name: EMARANVILLE, DANIEL E | Sex: M | Date of Birth: 10041934

Patient Address: P O BOX 261
VERDI, NV 89439

Comments:

Clinical Information:

Account: 89622
ACADIA MEDICAL GROUP
900 RYLAND STREET
RENO, NV. 89502

Phy: VANDYKEN, DONALD D

Tests Requested:
322000, 303756, 010322, 003038, 270468

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis (Complete)					QF
Color	Yellow				
Character	Clear				
PH	6.0			5 - 8	
Specific Gravity	1.023			1.003 - 1.035	
Leukocyte Esterase	Negative			Negative	
Nitrite	Negative			Negative	
Protein	Negative			Negative	
Glucose	Negative			Negative	
Ketones	Negative			Negative	
Bilirubin	Negative			Negative	
Occult Blood		1+ (POS)		Negative	
Urobilinogen	Negative		mg/dL	1 mg/dL or Less	
RBC		3 (H)	/HPF	0	
No other microscopic elements seen.					
Prostate Specific Antigen (PSA), Serum					QF
PROSTATE SPECIFIC ANTIGEN	0.7		ng/mL	<4.0	
Lipid Panel					
Cholesterol					QF
Cholesterol, Total	152		mg/dL	100 - 199	
Triglycerides	79		mg/dL	0 - 149	QF
HDL/LDL					QF
HDL	50		mg/dL	40 - 59	
LDL	86		mg/dL	0 - 99	
Chol/HDL Ratio	3.0				

Data from various studies suggest that the ratio of the total cholesterol/HDL may provide a "rule of thumb" guide in predicting increased risk to coronary heart disease.

TOTAL CHOLESTEROL/HDL RATIO

Risk	Men	Women
1/2 Average	3.43	3.27
Average	4.97	4.44
2 X Average	9.55	7.05
3 X Average	23.39	11.04

LAB TESTING LOCATIONS:
QF = LabCorp - Reno
888 Willow St, Reno, NV 89502
Director: Amy L. Llewellyn, M.D.

Received
OCT 15 2003
CCMRP Reno

REPORT

LabCorp® Reno

Specimen #	Control/Req Number	PAGE 2
00400040	L8962208330	

Fasting	Micro Source	Total Urine Volume	Report Status
Y			FINAL

Date Collected	Time Collected	Date Entered	Date Reported
05.32003	0725	05/03 7:11	05062003

Patient ID Number	Patient Phone Number	Patient SSN
	345-5530	

Patient Name	Sex	Date of Birth
EMARANVILLE, DANIEL E	M	10041934

Patient Address: P O BOX 261
VERDI, NV 89439

Comments

Clinical Information

Account
ACADIA MEDICAL GROUP 89622
900 RYLAND STREET
RENO, NV. 89502

Phy: VANDYKEN, DONALD D

Tests Requested
220100, 303756, 010322, 003038, 270468

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
VLDL					QF
VLDL, Calculated	16		mg/dL	5 - 40	
Comp. Metabolic Panel (14)					
Sodium	141		mmol/L	135 - 147	QF
Potassium	4.0		mmol/L	3.5 - 5.3	QF
Chloride	104		mmol/L	96 - 109	QF
Carbon Dioxide (CO2)	23		mmol/L	20 - 32	QF
Total Bilirubin	0.7		mg/dL	0.1 - 1.2	QF
Alkaline Phosphatase	48		U/L	25 - 150	QF
AST (sGOT)	23		U/L	0 - 40	QF
ALT (sGPT)	20		U/L	0 - 40	QF
Calcium	9.0		mg/dL	8.5 - 10.8	QF
Blood Urea Nitrogen (BUN)	20		mg/dL	5 - 26	QF
Creatinine	1.3		mg/dL	0.6 - 1.5	QF
BUN/Creatinine Ratio	15.4				QF
Total Protein	6.9		g/dL	6.0 - 8.5	QF
Albumin	4.1		g/dL	3.5 - 5.5	QF
Globulin	2.8		g/dL	1.9 - 3.5	QF
A/G Ratio	1.5			1.1 - 2.4	QF
Glucose	94		mg/dL	65 - 109	QF

Received
OCT 15 2012
CMSI-Reno

LAB TESTING LOCATIONS:
QF = LabCorp - Reno
888 Willow St, Reno, NV 89502
Director: Amy L. Llewellyn, M.D.

REPORT

EMARANVILLE, DANIEL E

216

246

LabCorp® Reno

Specimen #	Control/Req Number	PAGE 1
10040041	L896220833F	

Fasting	Micro Source	Total Urine Volume	Report Status
			FINAL

Date Collected	Time Collected	Date Entered	Date Reported
5032003	0715	05/03 7:16	05102003

Patient ID Number	Patient Phone Number	Patient SSN
	345-5530	

Patient Name	Sex	Date of Birth
EMARANVILLE, DANIEL E	M	10041934

Patient Address: P O BOX 261
VERDI, NV 89439

Comments:

Clinical Information:

Account: 89628
ACADIA MEDICAL GROUP
900 RYLAND STREET
RENO, NV. 89502

Phy: VANDYKEN, DONALD D

Tests Requested: 80109

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Occult Blood X3					QF
Occult Blood #1	NEGATIVE				
Occult Blood #2	NEGATIVE				
Occult Blood #3	NEGATIVE				

Received
OCT 15 2012
CCMSI-Reno

AB TESTING LOCATIONS:
QF = LabCorp - Reno
888 Willow St, Reno, NV 89502
Director: Amy L. Llewellyn, M.D.

REPORT

EMARANVILLE, DANIEL E

217

217

NAME: Daniel Demaranville

CHART NO.: 134430

DATE	Prob. No.	DESCRIPTION (Subjective, Objective, Assessment, Plan)	TESTS / MEDICATIONS
MAY 20 2003		Wt 188	Lexapro 10
	68		Zantac 150 BID
		Feeling better x 1 d	
		Sleep - a little better	Saw Palmetto
		App - ± wt ↓ 7#	
		... - Ø	
		M.S - better	
		H.A - "	
		SI - gone	
		conc - slow	
		F...	
		o - Affect much improved	
		...	
		A - Insomnia 780.52	
		Anxiety 300.00	
		BPH 600.0	
		Tobacco abuse 305.1	
		P - Lexapro 10mg q ... 30/1	#(14)
		... 2 wks	
JUN 3 2003		Wt 189 BP 130/76 (L)	Lexapro 10
	68		Zantac 150 BID
		Sleep - better but not ...	Saw Palmetto
		App - sl better -	
		c/o tremor @ rest - ...	

x May year ... cont.

Received OCT 15 2012 CCMSI

PROBLEM ORIENTED PROGRESS NOTE

(88) side 1

218

248

SA 260

CSO: This form is for your co nience to ensure information is com e, as required by USMS. See attached JSD Medical Review Form.

- *Take a copy of the EKG taken at your exam to the appointment with you. (If you do not have a copy please call to obtain one.)*
- *Take a copy of this form and a copy of the JSD Medical Review Form to your appointment.*

Circuit: 9 **District:** NV **CSO/Applicant Name:** DeMaranville, Daniel

To Be Completed by Cardiologist:

a. Current cardiac condition

Conduction abnormality

b. Interpretation of EKG (This is an interpretation of the EKG from the exam)

Sinus rhythm with Right bundle branch block

c. Results of any previous and current cardiac tests (Please attach copies of all tests including EKGs, Echocardiogram, Stress tests, etc.)

Stress test - Normal

Echocardiogram Mild LVH other wise normal

d. Medical significance of any findings

Probably has fibrosis in the conduction system due to aging process. No pathology found

e. Limitations of activities or contraindication to vigorous-intensity physical exercise (if none, must state none)

None

Cardiologist Signature: [signature] **Date:** 1/25/04

Received
OCT 15 2012
CCMRT Reno

**Please attach letterhead or business card*
**If additional space is required please attach a letter*

REVISED 1/14/04 KW

249

219 (89)

ACADIA MEDICAL GROUP
HISTORY AND PHYSICAL EXAMINATION

Name: DANIEL E. DEMARANVILLE Date: 7-19-04

Considering what is normal for you:
Please read each line and circle **bolded** areas of difficulty or fill in ____

Review of systems:

- EENT: Have you had any problems with your: **eyes, ears, nose or throat?** NO
- Pulm: Have you had any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?** NO
- Cardio: Have you had any: **chest pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Have you had any **calf pain** when you walk? NO
- GI: Have you had any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?** NO
- If you are over 50, when was your last flexible sigmoidoscopy or colonoscopy? 1988
- GU: Are you having any problems with **urination?** NO + stopping + slow
  Men: do you have trouble **starting your stream or emptying your bladder fully?** NO
  Women: do you **leak urine** when you cough, sneeze, laugh or strain?
- GYN: (for women only): Do you do monthly **breast self-exams?** Found any **lumps?**
  Are you having any problems with your **menstrual period?**
  When was your **last normal menstrual period?** _____
  What do you use for **Contraception?** _____
- For both sexes: Do you have any sexual problems or concerns? Y (N)
  Do you need any information about sexually transmitted diseases? Y (N)
- Musculoskeletal: Do you have any problems with your: **muscles, bones, or joints?** NO
- Exercise: How much **aerobic exercise** do you get each week? NONE
- Neuro: Do you have any **unusual headaches?** Do you have any: **numbness, weakness tingling, seizures, passing out, or vision changes?** NO
- Endo: Do you have: a feeling that you are **warmer (or colder)** than most other people? NO
  Do you feel unusually **tired?** SOMETIMES
  Do you have any problems with your: **skin, hair, or nails?** NO
- Sleep: Do you have any problems **sleeping?** NO
- Psych: Do you have any problems with feeling **depressed, "blue", anxious or panicked?** NO
  Do you feel: **helpless, hopeless, or suicidal?** NO
  Do you have problems with: **concentrating** or with **having fun?** NO

Received
OCT 15 2012
CCHSI-Reno

- UPDATES: (for the physician to do): (check if done)
- Past medical and past surgical history:
- Social history:
- Family history:

250 - 220

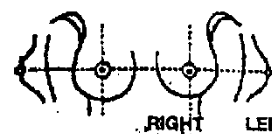
(90)

Danny Nemazanwu(?)
Chart # 134430
age 69

Physical Exam Form

Date 7/19/04 BP 130/98 Pulse 70 / min Resp: 18 / min Wt: 201 lbs Ht: 71"

Meds: Zantac 150mg, Lexapro 10mg, Flomax, Viagra 50 prn

General/Head and Neck	WD☒ WN☒ A &OX4☐ In NAD☐
Head/ Scalp nl ☒	Eyes PERRL ☒ Fundi nl☐ EOMI ☒
Ears TM nl ☒ Canals nl ☒ L perf & Aid	Nose nl ☐
Mouth/Teeth nl ☐	Pharynx nl ☒
Neck Thyroid nl ☐ Nodes nl ☒	Carotids No Bruits ☒ Pulses nl ☒
Chest	
Lungs CTAP ☒ No R/W/C ☒	Breasts/Nipples nl ☐ No Masses d/c ☐ Symm ☐
Heart RRR ☒ No M/R/G ☒	Axillary Nodes nl ☐
Ribs nl ☒	Chest Wall nl ☒ No CVAT ☒ No Spine TTP ☒
Abdomen	
Bowel Sounds nl ☒ No Masses ☐ Non-Tender ☒	
No Abd/Renal Bruits ☒	 RIGHT LEFT
LKKS nl ☒	
Male	
Scrotum nl ☒	Testes nl ☒
Penis nl ☒ Circumcised ☒	Prostate nl ☐ 37 ml
No Hernias ☒	Ano-rectal nl ☒
Female	
Vulva nl ☐	Vagina nl ☐
Cervix nl ☐ No CMT ☐ Pap Done ☐	Uterus nl Size ☐ Ante Straight Retro Smooth No Masses ☐
Adenexa nl ☐ N.T. ☐ No Masses ☐	No Cystocele/ Rectocele ☐
Ano-Rectal nl ☒	STD (GC Chl RPR HIV Hep) Done ☐
Skin	
Moles nl ☒	No Abnl Lesions ☒
Extremities	
Pulses nl: Radial ☐ P.T. ☐ D.P. ☒ 57	No Edema ☒
Cyanosis None ☒	Clubbing None ☒
Joints nl ☒ Full ROM ☐	Back nl ☒
Neuro	
Motor/Strength nl ☒	Reflexes: Cerebellar nl ☒ DTRs nl ☒
Sensation nl ☒ A&Ox4 ☒	Gait nl ☐
Cranial Nerves II-XII Grossly Intact ☒	

Assessment:		**Plan:**
1) GERD	PFT ☐	
2) Depression	CBC ☒	1) [illegible]
3) ED	CMP ☒	2) Zantac 150 [illegible]
4) [illegible]	Lipids ☒	3) Lexapro 10 [illegible]
5) Prostate hypertrophy	UA ☒	4) Flomax [illegible]
6) [illegible]	PSA ☒	5)
7) [illegible]	Hypothyrd ☐	6) [illegible]
8) [illegible]	Arth Panel ☐	7)
9)	LFTs ☐	8)
10)	Hep. Panel ☐	9)
11)	Hemclt X3 ☒	10)
12)	Mammo ☐	11)
13)	Dexa ☐	12)
14)	Echo ☐	13)
15)	EKG ☐	14)
	ETT ☐	15)
	Thallium ☐	

Received
OCT 15 2012
CCMSI-Reno

AMG 50 (10/03)

(91)

251 221

Specimen #	Control/Re					
236-486-0051-0	72001[illegible]22	PG 2	05 1 RP[illegible] 0972	LabCorp® NV		
Fasting	Micro Source	Total Urine Volume	Report Status	Clinical Information		
YES			S / FINAL	JMF OB X3 TO FOLLOW SRC:STOOL		08/24/04 17:05 ET
Date Collected	Time Collected	Date Entered	Date Reported			
08/23/04	07:58	08/23/04	08/24/04			
Patient ID Number	Patient Phone Number			Account		
282380	775-345-6530		7	27896221 ACADIA MEDICAL GROUP		
Patient Name	Sex	Date of Birth				00
DEMARANVILLE, DANIEL	M	10/04/34		900 RYLAND STREET		00
Patient Address PO BOX 261				RENO , NV 89502-		
VERDI ,NV 89439-				775-786-3555 NVR UPIN: B43018		
Comments						PHY NAME: VANDYKEN
PATIENT AGE: 069/10						

Tests Requested CB/D/P; CMP14 ; URINAL; LP ; PSA ;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis Gross Exam					NV
Specific Gravity	1.023			1.005 - 1.030	NV
pH	6.5			5.0 - 7.5	NV
Urine-Color	Yellow			Yellow	NV
Appearance	Clear			Clear	NV
WBC Esterase	Negative			Negative	NV
Protein	Negative			Negative/Trace	NV
Glucose	Negative			Negative	NV
Ketones	Negative			Negative	NV
Occult Blood	Trace			Negative	NV
Bilirubin	Negative			Negative	NV
Urobilinogen,Semi-Qn	0.0		mg/dL	0.0 - 1.9	NV
Nitrite, Urine	Negative			Negative	NV
Microscopic Examination	See below:				NV
WBC	3-5			0 - 5	NV
RBC	5-10			0 - 3	NV
Epithelial Cells	None seen			0 -10	NV
Casts	None seen			None seen	NV
Crystals	None seen			N/A	NV
Mucus Threads	1+			None seen	NV
Bacteria	Few			None seen/Few	NV
Yeast	None seen			None seen	NV
Lipid Panel					
Cholesterol, Total	186		mg/dL	100 - 199	NV
Triglycerides	95		mg/dL	0 - 149	NV
HDL Cholesterol	54		mg/dL	40 - 59	NV
VLDL Cholesterol Cal	19		mg/dL	5 - 40	
LDL Cholesterol Calc	113	H	mg/dL	0 - 99	
Comment					NV

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130

Received
OCT 15 2012
CCHRT-Reno

DEMARANVILLE, DANIEL PATID: 282380 SPEC DATE: 08/23/2004

REPORT

Universal #2

252 222

Specimen #	Control/Rpt				
236-486-0051-0	72001.[illegible]22	PG 1	05 1 RP[illegible]E 0972	LabCorp NV	
Fasting: YES	Micro Source:	Total Urine Volume:	Report Status: S / FINAL	Clinical Information: JMF OB X3 TO FOLLOW SRC:STOOL	08/24/04 17:05 ET
Date Collected: 08/23/04	Time Collected: 07:58	Date Entered: 08/23/04	Date Reported: 08/24/04		
Patient ID Number: 282380	Patient Phone Number: 775-345-6530		Account: 27896221 ACADIA MEDICAL GROUP 00		
Patient Name: DEMARANVILLE, DANIEL	Sex: M	Date of Birth: 10/04/34	900 RYLAND STREET 00		
Patient Address: PO BOX 261			RENO , NV 89502-		
VERDI ,NV 89439-			775-786-3555 NVR		
Comments: PATIENT AGE: 069/10			UPIN: B43018		
			PHY NAME: VANDYKEN		

Tests Requested: CB/D/P; CMP14 ; URINAL; LP ; PSA ;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
White Blood Cell (WBC) Count	6.4		x10E3/uL	4.0 - 10.5	NV
Red Blood Cell (RBC) Count	4.92		x10E6/uL	4.20 - 6.00	NV
Hemoglobin	16.4		g/dL	13.0 - 18.0	NV
Hematocrit	48.9		%	37.0 - 55.0	NV
MCV	99		fL	80 - 100	NV
MCH	33.3	H	pg	27.0 - 33.0	NV
MCHC	33.5		g/dL	32.0 - 36.0	NV
RDW	14.6		%	12.0 - 16.2	NV
Platelets	226		x10E3/uL	140 - 440	NV
Neutrophils	56		%	48 - 73	NV
Lymphs	31		%	18 - 48	NV
Monocytes	10		%	0 - 13	NV
Eos	2		%	0 - 6	NV
Basos	1		%	0 - 3	NV
Neutrophils (Absolute)	3.6		x10E3/uL	1.8 - 7.8	NV
Lymphs (Absolute)	2.0		x10E3/uL	0.7 - 4.5	NV
Monocytes(Absolute)	0.6		x10E3/uL	0.1 - 1.0	NV
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	NV
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	NV
Comp. Metabolic Panel (14)					
Glucose, Serum	97		mg/dL	65 - 99	NV
BUN	19		mg/dL	5 - 26	NV
Creatinine, Serum	1.3		mg/dL	0.5 - 1.5	NV
BUN/Creatinine Ratio	15			8 - 27	
Sodium, Serum	144		mmol/L	135 - 148	NV
Potassium, Serum	4.6		mmol/L	3.5 - 5.5	NV
Chloride, Serum	105		mmol/L	96 - 109	NV
Carbon Dioxide, Total	20		mmol/L	20 - 32	NV
Calcium, Serum	9.6		mg/dL	8.5 - 10.6	NV
Protein, Total, Serum	6.8		g/dL	6.0 - 8.5	NV
Albumin, Serum	4.3		g/dL	3.6 - 4.8	NV
Globulin, Total	2.5		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.6		mg/dL	0.1 - 1.2	NV
Alkaline Phosphatase, Serum	48		IU/L	25 - 160	NV
AST (SGOT)	25		IU/L	0 - 40	NV
ALT (SGPT)	18		IU/L	0 - 40	NV
Urinalysis, Routine					

DEMARANVILLE, DANIEL PATID: 282380 SPEC DATE: 08/23/2004

Received
OCT 15 2012
CCHSP-Reno

93

REPORT

Universal #2

253 223

Specimen #	Control/Re		05 1 RP:0E 0972 LabCorp NV
236-486-0051-0	72001.[illegible]22	PG 3	

Fasting	Micro Source	Total Urine Volume	Report Status	Clinical Information
YES			S / FINAL	08/24/04 17:05 ET JMF OB X3 TO FOLLOW SRC:STOOL

Date Collected	Time Collected	Date Entered	Date Reported
08/23/04	07:58	08/23/04	08/24/04

Patient ID Number	Patient Phone Number	Account
282380	775-345-6530	27896221 ACADIA MEDICAL GROUP 00 00

Patient Name	Sex	Date of Birth
DEMARANVILLE, DANIEL	M	10/04/34

Patient Address: PO BOX 261
VERDI ,NV 89439-

Comments: PATIENT AGE: 069/10

900 RYLAND STREET
RENO , NV 89502-

775-786-3555 NVR
UPIN: B43018
PHY NAME: VANDYKEN

Tests Requested: CB/D/P; CMP14 ; URINAL; LP ; PSA ;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
0-1 Risk Factors <160	>or=160		>or=190		
Prostate-Specific Ag, Serum					
Prostate-Specific Ag, Serum	0.5		ng/mL	0.0 - 4.0	NV
Beckman (formerly Hybritech) ICMA methodology					

LAB: NV LabCorp Reno DIRECTOR: Amy Llewellyn, MD
888 Willow Street Reno, NV 89502-0000

FOR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 775-334-3400 LAB: 775-334-3400
LAST PAGE OF REPORT

Received
OCT 15 2012
[illegible] Reno

DEMARANVILLE, DANIEL PATID: 282380 SPEC DATE: 08/23/2004

REPORT

254 224

Universal #2

Specimen #	Control/Re		
257-486-0784-0		PG 1	

00 1 RP..EQ 1128 **LabCorp** NV

Fasting	Micro Source	Total Urine Volume	Report Status
YES			S / FINAL

Date Collected	Time Collected	Date Entered	Date Reported
09/13/04	00:00	09/14/04	09/15/04

Clinical Information 09/15/04 11:05 ET

Patient ID Number	Patient Phone Number	Patient SSN
134430	775-345-6530	

Patient Name	Sex	Date of Birth
DEMARANVILLE, DANIEL	M	10/04/34

Patient Address

Account
27896221
ACADIA MEDICAL GROUP
00
900 RYLAND STREET 00
RENO , NV 89502-

775-786-3555 NVR

DR.ID: VANDYKEN

Comments
PATIENT AGE: 069/11

Tests Requested HMOCX3; HOLDIN;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hemoccult Slide X3					
Occult Blood, Stool #1	Negative			Negative	NV
Occult Blood, Stool #2	Negative			Negative	NV
Occult Blood, Stool, #3	Negative			Negative	NV

Please note NV
The date and/or time of collection was not indicated on the requisition as required by state and federal law. The date of receipt of the specimen was used as the collection date if not supplied.

LAB: NV LabCorp Reno DIRECTOR: Amy Llewellyn, MD
888 Willow Street Reno, NV 89502-0000

FOR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 775-334-3400 LAB: 775-334-3400
LAST PAGE OF REPORT

DEMARANVILLE, DANIEL PATID: 134430 SPEC DATE: 09/14/2004

Received
OCT 16 2012
CCMSC-Reno
REPORT

95

225

Universal #2

255

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D
Dulynn Hastings, M.D.

Name: Dan Demaranville Date: 1-25-05 Chart # 134430

DOB: ______ H: ____ W: ____ T: ____ P: 70 BP: 120/[illegible] R: 18

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☒	☐
Eyes	☐	☐
ENT/mouth	☒	☐
CV	☒	☐
Resp	☒	☐
GI	☒	☐
GU	☐	☒
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☒

PFSH	No chng	See note
Past	☒	☐
Family	☐	☐
Social	☒	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: Here for 3 mo [illegible] F/u

HPI: Zantac good.
[illegible] Lexapro helping [illegible]
[illegible] [illegible] [illegible]
wanted [illegible] [illegible]
Allergies [illegible] / [illegible]
Viagra good [illegible]
O- WD, WN, NAD
[illegible]
[Had EKG @ [illegible]]
Neck [illegible] 2+ carotids.
Lungs CTA
Card [illegible]
Abd [illegible]
Ø edema
A- Abn EKG. 794.31
GERD 530.11
Allergic rhinitis 477.9
dysthymia - 300.4
ED 302.72
P- cont meds.
Have [illegible] send me copy of [illegible]
[illegible] 3 mos
[illegible] 6 mo
Viagra (S)

3/21/05 Per DVD Lexapro 10mg #30/1 Faxed
Saw-On #173 746-2308

MEDICATIONS
Zantac 150
Lexapro [illegible]
Flonase [illegible]
Viagra 50 [illegible]

Received
OCT 16 2012
CMSI-Reno

Couns/coord > 50% ☐ Total time: ____ min. Couns/coord time: ____ min. 99

AMG-051 REV 3/04

ACADIA MEDICAL GROUP
HISTORY AND PHYSICAL EXAMINATION

Name: DANIEL E. DE MARANVILLE Date: 10/11/05

Considering what is normal for you:
Please read each line and circle bolded areas of difficulty or fill in ____

Review of systems:

- EENT: Have you had any problems with your: **eyes, ears, nose or throat?** NO
- Pulm: Have you had any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?** NO
- Cardio: Have you had any: **chest pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Have you had any **calf pain** when you walk? NO
- GI: Have you had any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?** NO
- If you are over 50, when was your last flexible sigmoidoscopy or colonoscopy? 1988
- GU: Are you having any problems with **urination?** NO
  Men: do you have trouble **starting your stream or emptying your bladder fully?** NO
  Women: do you leak urine when you cough, sneeze, laugh or strain?
- GYN: (for women only): Do you do monthly **breast self-exams?** Found any **lumps?**
  Are you having any problems with your menstrual period?
  When was your last **normal menstrual period?** _____
  What do you use for **Contraception?** _____
- For both sexes: Do you have any sexual problems or concerns? Y (N)
  Do you need any information about sexually transmitted diseases? Y (N)
- Musculoskeletal: Do you have any problems with your: **muscles, bones, or joints?** NO
- Exercise: How much **aerobic exercise** do you get each week? 0
- Neuro: Do you have any **unusual headaches?** Do you have any: **numbness, weakness tingling, seizures, passing out, or vision changes?** NO
- Endo: Do you have: a feeling that you are **warmer (or colder)** than most other people? NO
  Do you feel unusually **tired?** NO
  Do you have any problems with your: **skin, hair, or nails?** YES Mechoui lonely
- Sleep: Do you have any problems **sleeping?** NO
- Psych: Do you have any problems with feeling **depressed, "blue", anxious or panicked?** NO
  Do you feel: **helpless, hopeless, or suicidal?** NO
  Do you have problems with: **concentrating** or with **having fun?** NO

- UPDATES: (for the physician to do): (check if done)
- Past medical and past surgical history:
- Social history:
- Family history:

Received
OCT 16 2012
CCHBT-Reno

(97)

257 227

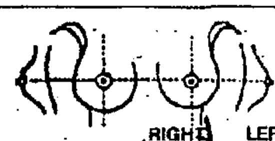
Damien [illegible]
Chart# 134430
Age 71

Physical Exam Form

Date 10/11/05 BP 122/68 (L) Pulse 68 / min Resp: 18 / min Wt: 197 lbs Ht: 69½

Meds: Zantac 150mg TID; Lexapro 10mg; Viagra 50mg PRN; Flomax 0.4mg [illegible]

General/Head and Neck	WD ☑ WN ☑ A & OX4 ☐ In NAD ☑
Head/ Scalp nl ☑	Eyes PERRL ☑ Fundi nl ☐ EOMI ☑
Ears TM nl ☑ Canals nl ☑	Nose nl ☑
Mouth/Teeth nl ☑	Pharynx nl ☑
Neck Thyroid nl ☑ Nodes nl ☑	Carotids No Bruits ☑ Pulses nl ☑
Chest	
Lungs CTAP ☑ No R/W/C ☑	Breasts/Nipples nl ☐ No Masses d/c ☐ Symm ☐
Heart RRR ☑ No M/R/G ☑	Axillary Nodes nl ☐
Ribs nl ☑	Chest Wall nl ☑ No CVAT ☑ No Spine TTP ☑
Abdomen	
Bowel Sounds nl ☑ No Masses ☑ Non-Tender ☑	
No Abd/Renal Bruits ☑	
LKKS nl ☑	
Male	
Scrotum nl ☑	Testes nl ☑ L [illegible]
Penis nl ☑ Circumcised ☑	Prostate nl ☐ ↑ x2 [illegible]
No Hernias ☑	Ano-rectal nl ☑
Female	
Vulva nl ☐	Vagina nl ☐
Cervix nl ☐ No CMT ☐ Pap Done ☐	Uterus nl Size ☐ Ante Straight Retro Smooth No Masses ☐
Adenexa nl ☐ N.T. ☐ No Masses ☐	No Cysotcele/ Rectocele ☐
Ano-Rectal nl ☐	STD (GC Chl RPR HIV Hep) Done ☐
Skin	
Moles nl ☑	No Abnl Lesions ☑
Extremities	
Pulses nl: Radial ☐ P.T. ☐ D.P. ☑	No Edema ☑
Cyanosis None ☑	Clubbing None ☑
Joints nl ☑ Full ROM ☑	Back nl ☐
Neuro	
Motor/Strength nl ☑	Reflexes: Cerebellar nl ☑ DTRs nl ☑
Sensation nl ☑ A&Ox4 ☑	Gait nl ☑
Cranial Nerves II-XII Grossly Intact ☑	



Assessment:		Plan:
	PFT ☐	
	CBC ☐	
1) GERD 530.11	CMP ☐	1)
2) Urinary [illegible] 788.62	Lipids ☐	2) labs pending from TWC
3) Dysthymia 300.4	UA ☐	3)
4) ED 302.72	PSA ☐	4) Zantac 150 BID 18/3
5) [illegible]	Hypothyrd ☐	5)
6)	Arth Panel ☐	6) Lexapro 10 qd 90/3
7)	LFTs ☐	7) Flomax .4
8)	Hep. Panel ☐	8)
9)	Hemclt X3 ☐	9) [illegible] 4 [illegible]
10)	Mammo ☐	10) stop smoking
11)	Dexa ☐	11)
12)	Echo ☐	12)
13)	EKG ☐	13)
14)	ETT ☐	14)
15)	Thallium ☐	15)

Received
OCT 1 5 2012
CCMSI Reno

AMG 50 (10/03

198

10/11/05	09:23	10/ /05	10/12/05

2328[illegible] 775-284-8530

DEMARANVILLE, DANIEL
PO BOX 261
Patient Address VERDI, NV 89439

PATIENT AGE: 071/00/07

07625491
CONCENTRA MED SERV MILL LAB 30
1530 EAST 6TH STREET
RENO NV 89512

775-322-5757
UPIN: F23027
PHY NAME: BELCOURT

CMP14+LP+CBC/D/Plt+UA; Venipuncture; Reno,NV

Tests Requested

Platelets				140 - [illegible]	N
Neutrophils	60		%	46 - 73	N
Lymphs	30		%	18 - 48	N
Monocytes	9		%	0 - 13	N
Eos	1		%	0 - 6	N
Basos	0		%	0 - 3	N
Neutrophils (Absolute)	4.3		x10E3/uL	1.8 - 7.8	N
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 4.5	N
Monocytes(Absolute)	0.6		x10E3/uL	0.1 - 1.0	N
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	N
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	N
					N
Urinalysis Gross Exam					N
Specific Gravity	1.021			1.005 - 1.030	N
pH	6.0			5.0 - 7.5	N
Urine-Color	Yellow			Yellow	N
Appearance	Clear			Clear	N
WBC Esterase	Negative			Negative	N
Protein	Negative			Negative/Trace	N
Glucose	Negative			Negative	N
Ketones	Negative			Negative	N
Occult Blood	Trace	Abnormal		Negative	N
Bilirubin	Negative			Negative	N
Urobilinogen,Semi-Qn	0.2		mg/dL	0.0 - 1.9	N
Nitrite, Urine	Negative			Negative	N
Microscopic Examination					
See below:					N
WBC	3-5		/hpf	0 - 5	N
RBC	5-10	Abnormal	/hpf	0 - 3	N
Epithelial Cells	0-3		cells/hpf	0 - 10	N
Casts					
None seen			/lpf	None seen	N
Crystals					
None seen				N/A	N
Mucus Threads					
None seen				None seen	N
Bacteria	Few	Abnormal		None seen/Few	N
Yeast					
None seen				None seen	N

Received
OCT 15 2012
CHPS-Reno

FINAL REPORT

DEMARANVILLE, DANIEL 282380 284-486-0013-0 Seq# 1062 10-12-05 19:05

Specimen Number	Patient Phone	Patient SSN	Account
282[illegible]	775-3[illegible]5530	50[illegible]7477	2762349[illegible]

DEMARANVILLE, DANIEL
PO BOX 261
Patient Address VERDI, NV 89439

PATIENT AGE: 071/00/07

CONCENTRA [illegible]D SERV MILL LAB
1530 EAST 6TH STREET
RENO NV 89512
775-322-5757
UPIN: F23827

PHY NAME: BELCOURT

Tests Requested: CMP14+LP+CBC/D/Plt+UA; Venipuncture; Reno,NV

CMP14+LP+CBC/D/Plt+UA TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chemistries					N
Glucose, Serum	103	High	mg/dL	65 - 99	N
BUN	20		mg/dL	5 - 26	N
Creatinine, Serum	1.5		mg/dL	0.5 - 1.5	N
BUN/Creatinine Ratio	13			8 - 27	
Sodium, Serum	139		mmol/L	135 - 148	N
Potassium, Serum	4.5		mmol/L	3.5 - 5.5	N
Chloride, Serum	102		mmol/L	96 - 109	N
Carbon Dioxide, Total	24		mmol/L	20 - 32	N
Calcium, Serum	9.6		mg/dL	8.5 - 10.6	N
Protein, Total, Serum	7.0		g/dL	6.0 - 8.5	N
Albumin, Serum	4.3		g/dL	3.5 - 4.6	N
Globulin, Total	2.7		g/dL	1.5 - 4.5	
A/G Ratio	1.6			1.1 - 2.5	
Bilirubin, Total	0.6		mg/dL	0.1 - 1.2	N
Alkaline Phosphatase, Serum	58		IU/L	25 - 160	N
AST (SGOT)	23		IU/L	0 - 40	N
ALT (SGPT)	19		IU/L	0 - 55	N
					N
Lipids					N
Cholesterol, Total	178		mg/dL	100 - 199	N
Triglycerides	88		mg/dL	0 - 149	N
HDL Cholesterol	51		mg/dL	40 - 59	N
VLDL Cholesterol Cal	18		mg/dL	5 - 40	
LDL Cholesterol Calc	109	High	mg/dL	0 - 99	
Comment					N
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors.					
T. Chol/HDL Ratio	3.5		ratio units	0.0 - 5.0	
					N
CBC, Platelet Ct, and Diff					N
White Blood Cell(WBC)Count	7.1		x10E3/uL	4.0 - 10.5	N
Red Blood Cell (RBC) Count	5.16		x10E6/uL	4.20 - 5.80	N
Hemoglobin	17.3		g/dL	13.0 - 18.0	N
Hematocrit	50.9		%	37.0 - 55.0	N
MCV	99		fL	80 - 100	N
MCH	33.5	High	pg	27.0 - 33.0	N
MCHC	33.9		g/dL	32.0 - 36.0	N
RDW	14.1		%	12.0 - 15.5	N

DM

FINAL REPORT

DEMARANVILLE, DANIEL 282[illegible] 284-486-0013-0 Seq# 1062 10-12-05 [illegible]

100

230

260

DEMARANVILLE.DANIEL
ID:

10/13/05 10:45:41

D.O.B.: 10/04/1934 71 YEARS
MALE
Meds: NO MEDICATION
Class:
Loc: 11

Vent. Rate:	79 bpm
P Duration:	100 ms
QRS Duration:	146 ms
PR Interval:	156 ms
QT Interval:	408 ms
QTc Interval:	439 ms
P-R-T AXIS:	71° 108° 59°

261 231

SA 273

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 06 05 06 Chart #: 134430

DOB: ______ H: ______ W: ______ T: ______ P: 70 BP: 110/60 R: 18

HPI	
Location, quality, severity, duration; timing, context, modifying factors, associated signs and symptoms.	

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: [illegible]

HPI: [illegible] c M-1-[illegible]
[illegible]
[illegible] c ZANI[illegible]
[illegible]
last TSH - 07
[illegible] PSA
Viagra - good + Cialis better
Flomax - good -
Lexapro good - "love it"
[illegible] - pt declines
still smoking. c/o [illegible]
O - WDWN NAD
Neck s BM [illegible]
[illegible]
[illegible] RRR 3 [illegible] x15
Abd s [illegible]
[illegible] varied [illegible]
A - COPD 496
[illegible] 788.62
[illegible] 530.81 Neoplasm [illegible]
[illegible] 302.72
[illegible]
P - [illegible]
[illegible]
HM - 10/06

Stop smoking - declined

MEDICATIONS
[illegible]
150 [illegible]
Lexapro
[illegible]
Viagra [illegible]
[illegible]
Flomax [illegible]
[illegible]

Received
OCT 15 2012
[illegible]

Couns/coord > 50% ☐ Total time: ______ min. Couns/coord time: ______ min.

LabCorp

LabCorp Reno
888 Willow Street
Reno, NV 89502
Phone: 775-334-3400

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Account Delivery Route
282-486-0268-0	282380	64001373551	27625491	775-322-5757	00

Patient Last Name	Account Address
DEMARANVILLE	CONCENTRA MED SERV MILL LAB
Patient First Name DANIEL / **Patient Middle Name**	
Patient Phone 775-345-6530 / **Total Volume**	1530 EAST 6TH STREET
Age (Y/M/D) 72/00/05 / **Date of Birth** 10/04/34 / **Sex** M / **Fasting** Yes	RENO NV 89512
Patient Address PO BOX 261 VERDI NV 89439	**Additional Information** UPIN: C96419

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
10/09/06 07:16	10/09/06	10/10/06 17:05ET	PANICARI, M		

Tests Ordered
CMP14+LP+CBC/D/Plt+UA; Venipuncture; Reno,NV

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+LP+CBC/D/Plt+UA					
Chemistries					NV
Glucose, Serum	92		mg/dL	65 - 99	NV
BUN	19		mg/dL	5 - 26	NV
Creatinine, Serum	1.4		mg/dL	0.5 - 1.5	NV
BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	144		mmol/L	135 - 148	NV
Potassium, Serum	4.7		mmol/L	3.5 - 5.5	NV
Chloride, Serum	106		mmol/L	96 - 109	NV
Carbon Dioxide, Total	23		mmol/L	20 - 32	NV
Calcium, Serum	9.5		mg/dL	8.5 - 10.6	NV
Protein, Total, Serum	6.5		g/dL	6.0 - 8.5	NV
Albumin, Serum	4.1		g/dL	3.5 - 4.8	NV
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.6		mg/dL	0.1 - 1.2	NV
Alkaline Phosphatase, S	52		IU/L	25 - 160	NV
AST (SGOT)	21		IU/L	0 - 40	NV
ALT (SGPT)	16		IU/L	0 - 55	NV
					NV
Lipids					NV
Cholesterol, Total	165		mg/dL	100 - 199	NV
Triglycerides	100		mg/dL	0 - 149	NV
HDL Cholesterol	50		mg/dL	40 - 59	NV
VLDL Cholesterol Cal	20		mg/dL	5 - 40	
LDL Cholesterol Calc	95		mg/dL	0 - 99	
T. Chol/HDL Ratio	3.3		ratio units	0.0 - 5.0	
					NV
CBC, Platelet Ct, and Diff					NV
WBC	7.9		x10E3/uL	4.0 - 10.5	NV
RBC	4.60		x10E6/uL	4.20 - 6.00	NV
Hemoglobin	15.7		g/dL	13.0 - 18.0	NV
Hematocrit	45.9		%	37.0 - 55.0	NV
MCV	100		fL	80 - 100	NV

DEMARANVILLE, DANIEL	282380	282-486-0268-0	Seq # 1797

DUPLICATE FINAL REPORT Page 1 of 2

Received
OCT 16 2012
CCMSP-Reno

10/13/06

263

233

103

LabCorp

LabCorp Reno
888 Willow Street
Reno, NV 89502
Phone: 775-334-3400

Patient Name						Specimen Number	
DEMARANVILLE, DANIEL						282-486-0268-0	
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(YMD)	Date of Birth
27625491	282380	640013735S1	10/09/06 07:16	10/10/06	M	72/00/05	10/04/34

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
MCH	34.1	High	pg	27.0 - 33.0	NV
MCHC	34.2		g/dL	32.0 - 36.0	NV
RDW	14.3		%	12.0 - 16.2	NV
Platelets	250		x10E3/uL	140 - 440	NV
Neutrophils	66		%	48 - 73	NV
1 BAND					
1 MYELO					
Lymphs	23		%	18 - 48	NV
Monocytes	8		%	0 - 13	NV
Eos	3		%	0 - 6	NV
Basos	0		%	0 - 3	NV
Neutrophils (Absolute)	5.2		x10E3/uL	1.8 - 7.8	NV
Lymphs (Absolute)	1.8		x10E3/uL	0.7 - 4.5	NV
Monocytes(Absolute)	0.6		x10E3/uL	0.1 - 1.0	NV
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	NV
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	NV
Hematology Comments:	Note:				NV
Manual differential was performed.					
					NV
Urinalysis Gross Exam					NV
Specific Gravity	1.018			1.005 - 1.030	NV
pH	7.0			5.0 - 7.5	NV
Urine-Color	Yellow			Yellow	NV
Appearance	Clear			Clear	NV
WBC Esterase	Negative			Negative	NV
Protein	Negative			Negative/Trace	NV
Glucose	Negative			Negative	NV
Ketones	Negative			Negative	NV
Occult Blood	Negative			Negative	NV
Bilirubin	Negative			Negative	NV
Urobilinogen,Semi-Qn	0.0		mg/dL	0.0 - 1.9	NV
Nitrite, Urine	Negative			Negative	NV
Microscopic Examination					
Microscopic follows if indicated.					NV

NV: LabCorp Reno Dir: Amy Llewellyn, MD
888 Willow Street, Reno, NV 89502
For inquiries, the physician may contact: Branch: 775-334-3400 Lab: 775-334-3400

Received
OCT 15 2012

DEMARANVILLE, DANIEL	282380	282-486-0268-0	Seq#1797

DUPLICATE FINAL REPORT Page 2 of 2

104

264 234

ACADIA MEDICAL GROUP
RENO NEVADA

myOne(TM) DIAGNOSTIC 2.14
(c) mbl 2000-2005
SN 56581 RevNo 249
10/12/06 17:24

Patient Information

Name	DANIEL DOMARANVILLE
ID	134430
Age	72
Height	5 ft 9 in
Weight	199 lbs. BMI 29.5
Gender	MALE
Ethnic	CAUCASIAN
Smoker	YES
Asthma	NO

Test Information

Test Date/Time	10/12/06 17:21
Post Time	--:--
Test Mode	DIAGNOSTIC
Interpretation	NLHEP
Predicted Ref	Knudson76
Value Select	BEST VALUE
Tech ID	1KB
Automated QC	ON
BTPS (IN/EX)	-.--/ 1.02

Test Results Your FEV1 is 48% Predicted. Your Lung Age is 12%

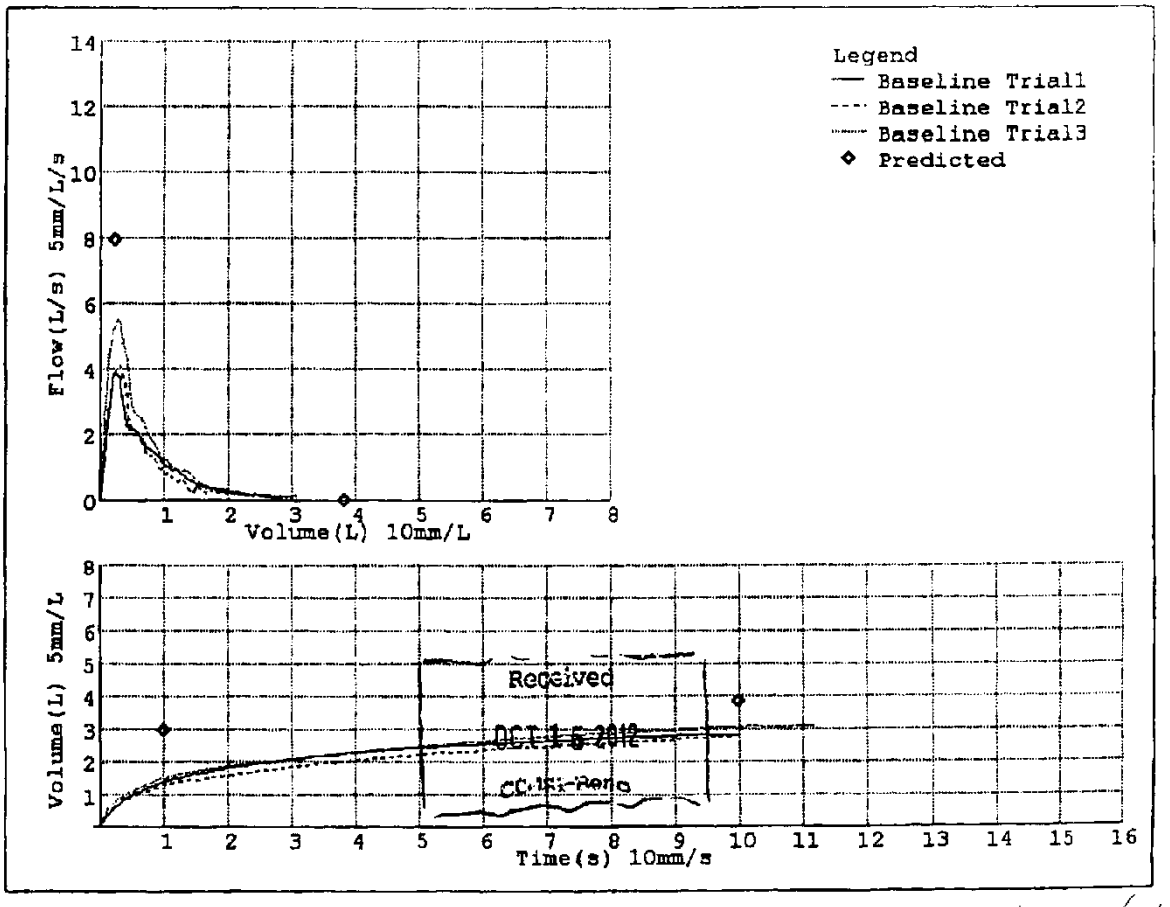
Baseline

Parameter	Best	Trial1	Trial2	Trial3#	Pred	%Pred
FVC(L)	2.82*	2.82*	2.79*	3.09	3.83	74
FEV1(L)	1.40*	1.40*	1.30*	1.52*	2.95	48
FEV1/FVC	0.50*	0.50*	0.47*	0.49*	0.78	64
PEF(L/s)	3.79*	3.79*	4.02*	5.35*	7.94	48
FEF25-75(L/s)	0.50*	0.50*	0.36*	0.40*	3.78	13
FET(s)	9.99	9.99	9.97	11.25	-.--	

* Indicates Below LLN or Significant Post Change

moderately severe COPD Small BAD

Baseline FEV1 Var=0.10L 7.2%; FVC Var=0.03L 1.2%; Session Quality C
Interpretation Moderate Obstruction and Low vital Capacity possibly due to restriction



265

235

105

ACADIA MEDICAL GROUP
HISTORY AND PHYSICAL EXAMINATION

Name: DANIEL E DEMARANVILLE Date: 10-12-06

Considering what is normal for you:
Please read each line and circle bolded areas of difficulty or fill in ____

Review of systems:

- EENT: Have you had any problems with your: **eyes, ears, nose or throat?**
- Pulm: Have you had any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?**
- Cardio: Have you had any: **chest pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Have you had any **calf pain** when you walk?
- GI: Have you had any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?**
- If you are over 50, when was your last flexible sigmoidoscopy or colonoscopy? 1998 needs Dec 06
- GU: Are you having any problems with **urination?**
  Men: do you have trouble **starting your stream or emptying your bladder fully?**
  Women: do you **leak urine** when you cough, sneeze, laugh or strain?
- GYN: (for women only): Do you do monthly **breast self-exams?** Found any lumps?
  Are you having any problems with your **menstrual period?**
  When was your last **normal menstrual period?** _____
  What do you use for **Contraception?** _____
- For both sexes: Do you have any sexual problems or concerns? Y (N)
  Do you need any information about sexually transmitted diseases? Y (N)
- Musculoskeletal: Do you have any problems with your: **muscles, bones, or joints?**
- Exercise: How much **aerobic exercise** do you get each week? 0
- Neuro: Do you have any **unusual headaches?** Do you have any: **numbness, weakness tingling, seizures, passing out, or vision changes?**
- Endo: Do you have: a feeling that you are **warmer (or colder)** than most other people?
  Do you feel unusually (tired)? SOMETIMES — 1/wk relieved by Nap
  Do you have any problems with your: **skin, hair, or nails?**
- Sleep: Do you have any problems **sleeping?**
- Psych: Do you have any problems with feeling **depressed, "blue", anxious or panicked?**
  Do you feel: **helpless, hopeless, or suicidal?**
  Do you have problems with: **concentrating** or with **having fun?**

- UPDATES: (for the physician to do):
- Past medical and past surgical history:
- Social history:
- Family history:

(check if done)

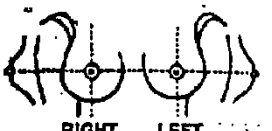
Received
OCT 15 2012
CCMSI-Reno

Warner, Richard
Chart 134430
Age 72 DoB 10/4/1934

Physical Exam Form

Date 10/15/12 BP 120/70 Pulse 90 / min Resp: 18 / min Wt: 199 lbs Ht: 69¼

Meds:
Zantac 150mg BID
Lafaque 10mg QD
Viagra 50mg PRN
Flomax 0.4mg QD

General/Head and Neck	WDS WNS A &OX4 In NAD
Head/ Scalp nl	Eyes PERRL Fundi nl EOMI
Ears TM nl Canals nl	Nose nl
Mouth/Teeth nl	Pharynx nl
Neck Thyroid nl Nodes nl	Carotids No Bruits Pulses nl
Chest	
Lungs CTAP No R/W/C	Breasts/Nipples nl No Masses d/c Symm
Heart RRR No M/R/G	Axillary Nodes nl
Ribs nl	Chest Wall nl No CVAT No Spine TTP
Abdomen	
Bowel Sounds nl No Masses Non-Tender	
No Abd/Renal Bruits –	RIGHT LEFT
LKKS nl	
Male	
Scrotum nl	Testes nl Rt nl Lt atrophy
Penis nl Circumcised	Prostate nl 2+ nl 325
No Hernias	Ano-rectal nl
Female	
Vulva nl	Vagina nl
Cervix nl No CMT Pap Done	Uterus nl Size Ante Straight Retro Smooth No Masses
Adenexa nl N.T. No Masses	No Cysotcele/ Rectocele
Ano-Rectal nl	STD (GC Chl PPR HIV Hep) Done
Skin	
Moles nl	No Abnl Lesions Eczema
Extremities	
Pulses nl: Radial P.T. D.P.	No Edema
Cyanosis None	Clubbing None
Joints nl Full ROM	Back nl
Neuro	
Motor/Strength nl	Reflexes: Cerebellar nl DTRs nl
Sensation nl A&Ox4	Gait nl
Cranial Nerves II-XII Grossly Intact	

Assessment:		PFT	**Plan:**
1)	T Lymph NOS 202.4	CBC	1) Flomax 0.4 QD 90 90/5
2)	DJD 715.90	CMP	2) Zantac 150mg BID 180/5
3)	Fatigue 780.79	Lipids	3)
4)	ED 302.72	UA	4)
5)	Eczema	PSA	5)
6)	Colitis	Hypothyrd	6)
7)	GERD	Arth Panel	7)
8)	Dyslipidemia	LFTs	8) Lexapro 10mg 90 90/5
9)	COPD 496	Hep. Panel	9)
10)		Hemclt X3	10) 10/13 mos
11)		Mammo	11) – Stop Smoking
12)		Dexa	12) Received
13)		Echo	13)
14)		EKG	14) OCT 15 2012
15)		ETT	15)
		Thallium	CCMSI-Reno

AMG 50 (10/03)

267

237 (107)

DEMARANVILLE,DANIEL
ID:

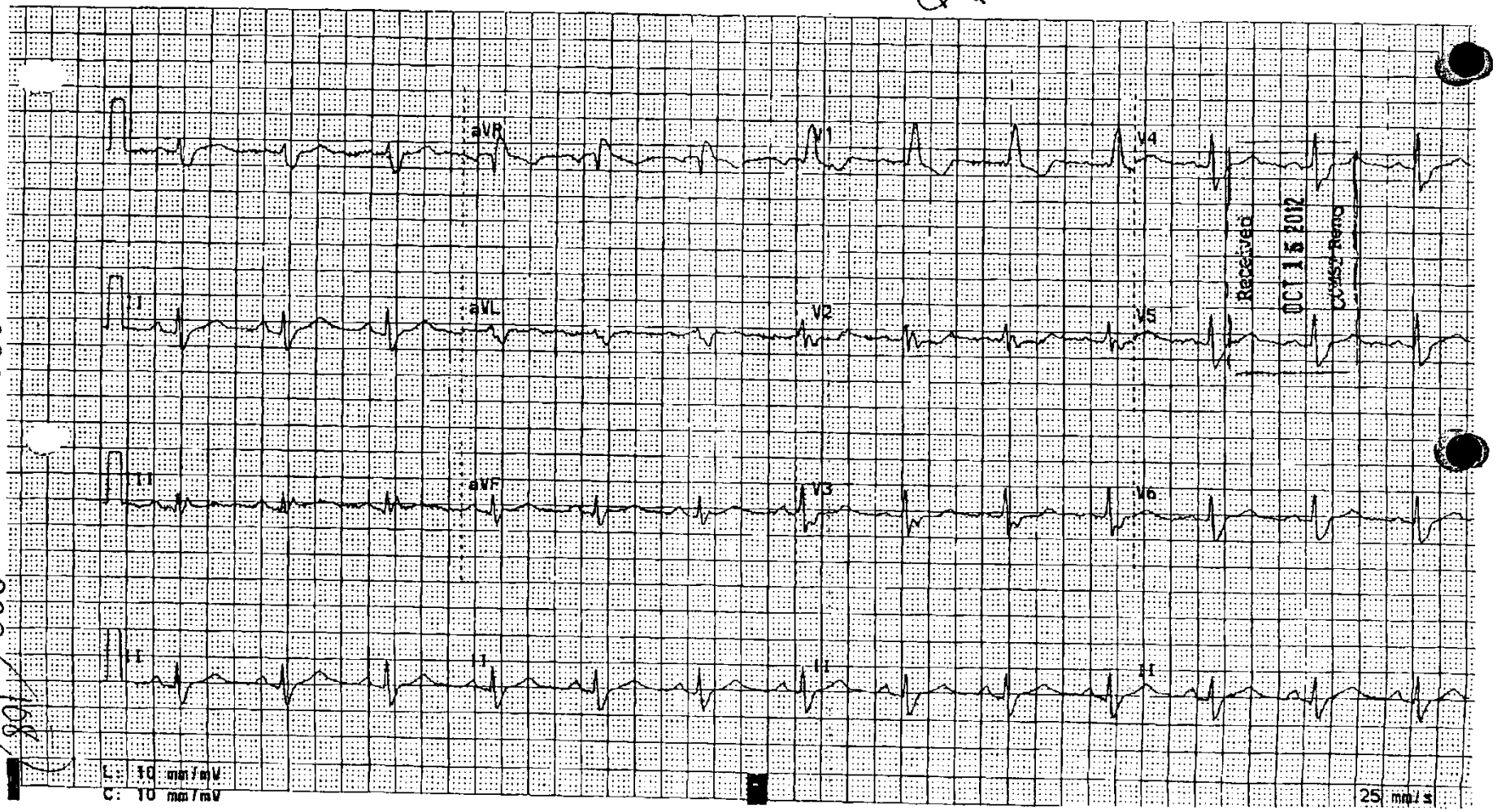
10/13/06 14:31:58

DEMARANVILLE,DANIEL
ID: 504-28-1477

10/13/06 14:31:58

D.O.B.: 10/04/1934 72 YEARS
MALE
Meds: NO MEDICATION
Class:
Loc: 1

Vent. Rate:	79 bpm
P Duration:	106 ms
QRS Duration:	152 ms
PR Interval:	168 ms
QT Interval:	424 ms
QTc Interval:	455 ms
P-R-T AXIS:	70° 115° 58°



268
238
168

SA 280

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 5.18.07 Chart # 134430

DOB: ______ H: ____ W: ____ T: ____ P: 70 BP: 120/70 R: 18

HPI			CC: Here for 3 month f/u	MEDICATIONS
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.			HPI: Allergy - ↑	Zantac
			[illegible] prod cough	150mg [illegible]
			GI good [illegible]	Nexium [illegible]
ROS	**WNL**	**See note**	GU [illegible] Flomax	[illegible]
Const	☒	☐	O.A. good	Viagra 50mg
Eyes	☐	☒	O- [illegible] NAD	PRN
ENT/mouth	☐	☒	[illegible]	Flomax
CV	☒	☐	[illegible] BMT 2+ [illegible]	0.4mg [illegible]
Resp	☐	☒	lungs CTA	Adv Foote /
GI	☒	☐	Card RRR [illegible]	[illegible]
GU	☒	☐	[illegible] BM	BID
Musc	☒	☐	[illegible]	
Skin/breasts	☐	☐	A- GERD 530.81	[illegible]
Neuro	☐	☐	Bronchitis 490	[illegible]
Psych	☐	☐	[illegible] 300.4	[illegible] BID
Endo	☐	☐	COPD 496	
Hem/lymph	☐	☐	Tobacco abuse 305.1	
Allerg/immun	☐	☒	P- Cont meds	
PFSH	**No chng**	**See note**	Stop smoking	
Past	☐	☒	Doxycycline 100 BID 20	
Family	☐	☐	[illegible] 3 [illegible]	
Social	☒	☐		
Exam	**WNL**	**See note**		
Const	☒	☐		
Eyes	☒	☐	Pt wants to quit	
ENT/mouth	☐	☒		
Neck	☒	☐	P- Wellbutrin 150 XL QD x 7	
Resp	☒	☐	" 300 " [illegible] 30/8	
CV	☒	☐	Viagra 100 [illegible] 10/8	
Chest (breasts)	☐	☐		
GI (abdomen)	☒	☐		
Lymph	☒	☐		
GU	☐	☐		
Musc	☒	☐		
Skin	☒	☐		
Neuro	☐	☐	Received OCT 15 2012	
Psych	☐	☐		

No ✓: no review/exam

Couns/coord>50% ☐ Total time: ______ min. Couns/coord time: ______ min.

AMG-081 REV 3/04

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

****
Reprinted from Electronic Medical Record - Created on 08/14/07 17:03:09
Patient: DEMARANVILLE, DANIEL MR No.: 160912 DOB: 10/04/1934
****

PATIENT NAME: Demaranville, Daniel E **MRN: 160912**
DOB: 10/04/1934 **AGE/SEX: 72/M**
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

EXAM DATE: 08/14/2007
ACCESSION: 449194
EXAM: US- US1_EU-US - Veins Unilateral-Right
EXAM LOCATION: RDC

CLINICAL INDICATION: Right hand swelling. Evaluate for upper extremity thrombosis.

COMPARISON: None.

TECHNIQUE: The deep and superficial venous system of the right upper extremity was evaluated with B-mode, duplex and color ultrasound with a high frequency vascular (12 mHz) probe.

FINDINGS:
Both the deep and superficial venous system is patent. The examination is unremarkable.

IMPRESSION:
No evidence of the right upper extremity venous thrombosis.

These results were called as requested.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 08/14/2007 17:03:06 PM

Electronically signed by Eric J Kraemer MD 8/14/2007 17:8:6

270 240 110

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 8-16-07 Chart #: 134430

DOB: ______ H: ____ W: ____ T: ____ P: 64 BP: 112/68 R: 16

JK

HPI	CC: 72 y.o. ♂ 3 mo recheck	MEDICATIONS
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.	HPI: [illegible]	me same meds per pt.

ROS	WNL	See note
Const	☑	☐
Eyes	☐	☐
ENT/mouth	☑	☐
CV	☑	☐
Resp	☑	☐
GI	☑	☐
GU	☑	☐
Musc	☑	☐
Skin/breasts	☐	☑
Neuro	☐	☐
Psych	☑	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☑
Family	☐	☐
Social	☐	☑

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

↓ SOB ↓ CP
↓ edema
GI OK
GU
E.D. OK.
Matters great! [illegible]
Ⓦ c/o moles on shoulder
↓ to 6 moles on shoulder
O- [illegible] decd. Chart tx.
SKs on shoulder.
↓ edema lungs CTA
A- RUE edema 782.3 [illegible]
GERD 530.81
Tobacco abuse 305.1
COPD 496
[illegible] - 786.2 SKs
P- [illegible] .5 BID x 4 [illegible]
[illegible] 20 [illegible] + RF 10/3
RV 1 mo

Couns/coord > 50% ☐ Total time: ______ min. Couns/coord time: ______

Received
OCT 15 2012
CCMS Reno

AMG-051 REV 2/04

271   241

LabCorp 1.32

Specimen #	Control/Req Num	Page #
262-486-0728-0	6400138695	Pg 1

Fasting	Micro Source	Total Urine Volume	Report Status
Yes			R /Final

Date Collected	Time Collected	Date Entered	Date Reported
10/09/07	08:55	10/09/07	10/10/07

Clinical Information

Patient ID Number	Patient Phone Number	Patient SSN
282280	775-345-6530	

Account
27625491
CONCENTRA MED SERV MILL LAB 00
1530 EAST 6TH STREET
RENO NV 89512

775-322-5757

Patient Name	Sex	Date of Birth
DEMARANVILLE, DANIEL	M	10/04/34

Patient Address PO BOX 261
Verdi NV 89439

Comments
PATN AGE: 073/00/05

UPIN: P23827
PHY NAME: BELCOURT,

Tests Requested CMP14+LP+CBC/D/Plt+UA; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP 14+LP+CBC/D/Plt+UA					
Chemistries					01
Glucose, Serum	84		mg/dL	65 - 99	01
BUN	16		mg/dL	5 - 26	01
Creatinine, Serum	1.3		mg/dL	0.5 - 1.5	01
BUN/Creatinine Ratio	12			8 - 27	
Sodium, Serum	143		mmol/L	135 - 148	01
Potassium, Serum	4.6		mmol/L	3.5 - 5.5	01
Chloride, Serum	104		mmol/L	96 - 109	01
Carbon Dioxide, Total	25		mmol/L	20 - 32	01
Calcium, Serum	8.8		mg/dL	8.5 - 10.6	01
Protein, Total, Serum	6.5		g/dL	6.0 - 8.5	01
Albumin, Serum	4.1		g/dL	3.5 - 4.8	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	47		IU/L	25 - 100	01
AST (SGOT)	24		IU/L	0 - 40	01
ALT (SGPT)	19		IU/L	0 - 55	01
					01
Lipids					01
Cholesterol, Total	177		mg/dL	100 - 199	01
Triglycerides	106		mg/dL	0 - 149	01
HDL Cholesterol	47		mg/dL	40 - 59	01
VLDL Cholesterol Cal	21		mg/dL	5 - 40	
LDL Cholesterol Calc	109	High	mg/dL	0 - 99	
Comment					01
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors.					
T. Chol/HDL Ratio	3.8		ratio units	0.0 - 5.0	
					01
CBC, Platelet Ct, and Diff					01
WBC	7.0		x10E3/uL	4.0 - 10.5	01
RBC	4.78		x10E6/uL	4.20 - 6.00	01
Hemoglobin	15.8		g/dL	13.0 - 18.0	01
Hematocrit	47.4		%	37.0 - 55.0	01
MCV	99		fL	80 - 100	01
MCH	33.3	High	pg	27.0 - 33.0	01
MCHC	33.7		g/dL	32.0 - 36.0	01
RDW	13.9		%	12.0 - 16.2	01

Received
OCT 15 2012
Quest-Reno

DUPLICATE FINAL REPORT

LabCorp 1.32

Specimen #	Control/Req Number	Page #
282-486-0728-0	640012865	Pg 2

Fasting	Micro Source	Total Urine Volume	Report Status
Yes			R /Final

Date Collected	Time Collected	Date Entered	Date Reported
10/09/07	08:55	10/10/07	10/10/07

Patient ID Number	Patient Phone Number	Patient SSN
282380	775-345-5530	

Patient Name: DEMARANVILLE, DANIEL | Sex: M | Date of Birth: 10/04/34

Patient Address: PO BOX 261
Verdi NV 89439

Comments
HYTN AGE: 073/00/05

Clinical Information

Account
27625491
CONCENTRA MED SERV MILL LAB
00
1530 EAST 6TH STREET
RENO NV 89512

775-322-5757
UPIN: F03587
PHY NAME: BELCOURT,

Tests Requested: CMP14+LP+CBC/D/Plt+UA; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Platelets	209		x10E3/uL	140 - 440	01
Neutrophils	61		%	40 - 73	01
Lymphs	28		%	18 - 48	01
Monocytes	9		%	0 - 13	01
Eos	2		%	0 - 6	01
Baso	0		%	0 - 3	01
Neutrophils (Absolute)	4.3		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.0		x10E3/uL	0.7 - 4.5	01
Monocytes(Absolute)	0.6		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
					01
Urinalysis Gross Exam					01
Specific Gravity	1.020			1.005 - 1.030	01
pH	6.0			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen,Semi-Qn	0.0		mg/dL	0.0 - 1.9	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
Microscopic follows if indicated.					01

01 NV LabCorp Reno Dir: Amy Llewellyn, MD
888 Willow Street, Reno, NV 89502
For inquiries,the physician may contact Branch: 775-334-3400 Lab: 775-334-3400

LAST PAGE OF REPORT

Received
OCT 15 2012
LabCorp-Reno

103

DUPLICATE FINAL REPORT

DEMARANVILLE, DANIEL 282380 282-486-0728-0 Seq# 2495 10/10/07 18:58E

243

Name: Daniel Demaranville
ID: [redacted]

10/15/2007 8:41:16 AM

HR: 78
BP: 128/69
Age: 73 Years
Gender: Male
Race: Caucasian
Height: 70 in
Weight: 206 lbs

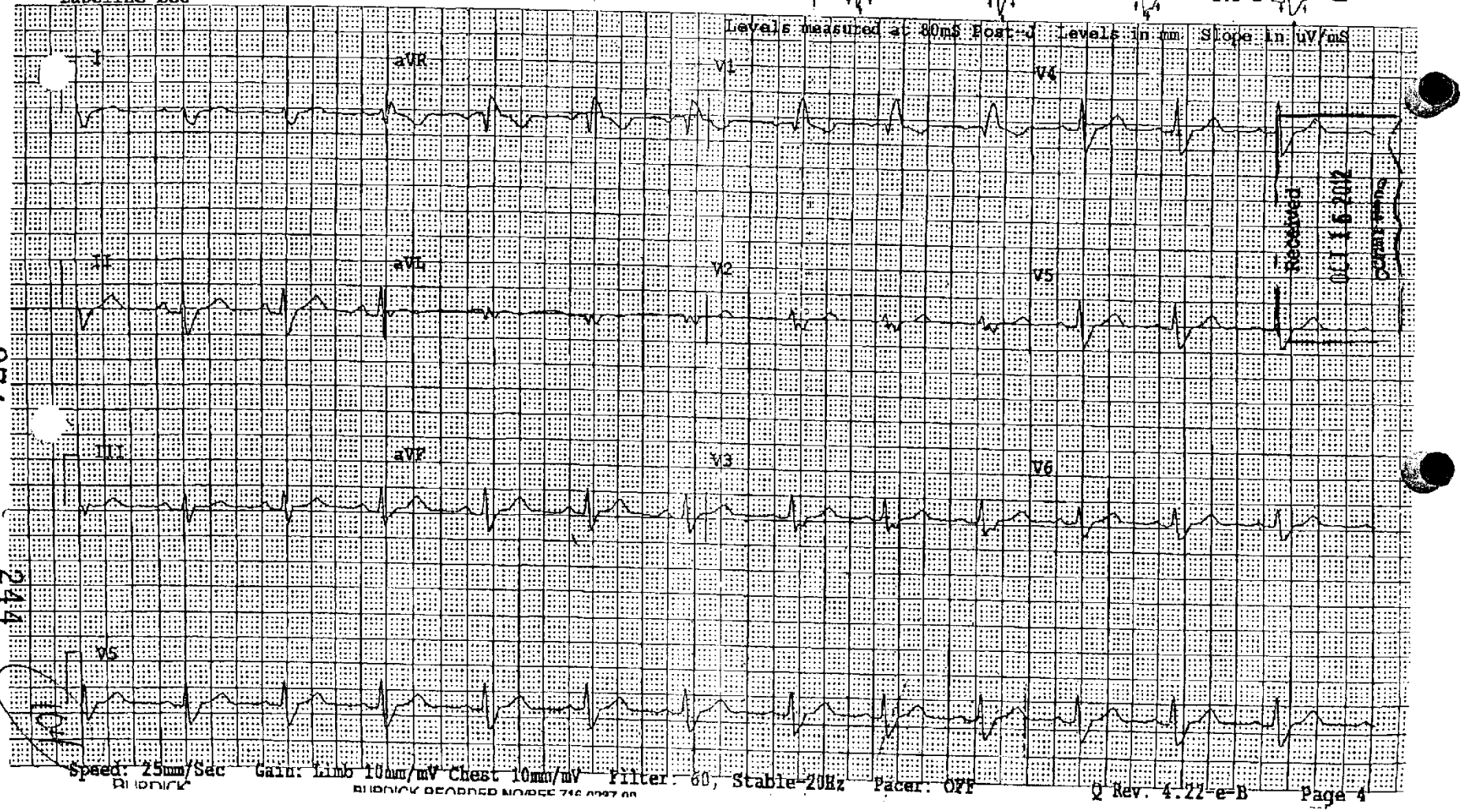
Medication(s): zantac
Department:
Technician: Sofia
Physician: DR. PANACARI

	I	aVR	V1	V4
L	0.2	-0.7	-0.6	0.5
S	3.5	-4.5	-7.0	4.6

	II	aVL	V2	V5
L	1.1	-0.3	0.0	0.6
S	5.7	0.9	1.2	4.6

	III	aVF	V3	V6
L	0.9	1.0	0.2	0.6
S	1.3	3.8	2.3	3.9

Baseline ECG



274

244

SA 286

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 9/13/07 Chart # 134430

DOB: H: W: T: P: 68 BP: 120/76 R: 16 ERROR

CC: 10/15/07 PCC QID Flomax 0.4mg 30/12; HPI: Lexapro DMG 30/12; Ranitidine 150mg 180/12
Faxed to Smart @ 746-2308

HPI		
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.		
ROS	**WNL**	**See note**
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐
PFSH	**No chng**	**See note**
Past	☐	☐
Family	☐	☐
Social	☐	☐
Exam	**WNL**	**See note**
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

10/18/07 BP: 120/76 P: 68 R: 16
73 y.o. ♂ 1 mo recheck
[illegible] DVT.
[illegible] 3 [illegible]
stopped [illegible] due to flutter
in [illegible]
Viagra better than cialis.
Reviewed - [illegible] / [illegible] / Labs / EKG
[illegible] brother - neg EKG [illegible]
RBBB
reviewed labs

OTA - [illegible] 278.02
RBBB 426.50
LAHB 426.2
[illegible] 426
[illegible]
P - PSA
Diet
Ex
Rx Viagra 100 qD prn #3
refill [illegible]

MEDICATIONS
~~Zantac 150mg ii QD~~
Lexapro 10mg i QD
Flomax 0.4mg i QD
Viagra 50mg PRN
PSA

Couns/coord > 50% ☐ Total time: ______ min. Couns/coord time: ______ min.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 11-15-07 Chart #: 134430

DOB: ____ H: ____ W: ____ T: ____ P: 76 BP: 120/70 R: 14

CC: 73 y.o. OT — Imp recheck —

HPI:
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

defut. get PSA.
Viagra good
[illegible]
[illegible]
[illegible]
O- [illegible] NAD
A- GERD 530.81
COPD 496
Tob abuse 305.1
DNS 788.62
ED
P- PSA
RTC 1-2 mos

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

MEDICATIONS
Zantac
150mg ii QD
Lexapro
10mg i QD
Flomax
0.4mg i QD
Viagra
50mg PRN

PSA
Lab Corp

Received
OCT 15 2012
CMSI-Reno

Couns/coord > 50% ☐ Total time: ____ min. Couns/coord time: ____ min.

AMG-051 REV 3/04

ACADIA MEDICAL GROUP
HISTORY AND PHYSICAL EXAMINATION

Name: DAN LaMORANVILLE Date: 1-9-08

Considering what is normal for you:
Please read each line and circle bolded areas of difficulty or fill in ____

Review of systems:

- EENT: Have you had any problems with your: **eyes, ears, nose or throat?** NO
- Pulm: Have you had any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?** NO
- Cardio: Have you had any: **chest pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Have you had any **calf pain** when you walk? NO
- GI: Have you had any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?** NO
- If you are over 50, when was your last flexible sigmoidoscopy or colonoscopy? 1988 - yrs
- GU: Are you having any problems with **urination?** NO
  Men: do you have trouble **starting your stream or emptying your bladder fully?** NO
  Women: do you **leak urine** when you cough, sneeze, laugh or strain?
- GYN: (for women only): Do you do monthly **breast self-exams?** Found any lumps?
  Are you having any problems with your **menstrual period?**
  When was your last **normal menstrual period?** _____
  What do you use for **Contraception?** _____
- For both sexes: Do you have any sexual problems or concerns? Y (N)
  Do you need any information about sexually transmitted diseases? Y (N)
- Musculoskeletal: Do you have any problems with your: **muscles, bones, or joints?**
- Exercise: How much **aerobic exercise** do you get each week? 0
- Neuro: Do you have any **unusual headaches?** Do you have any: **numbness, weakness tingling, seizures, passing out, or vision changes?** NO
- Endo: Do you have: a feeling that you are **warmer (or colder)** than most other people? NO
  Do you feel unusually **tired?** NO
  Do you have any problems with your: **skin, hair, or nails?** NO
- Sleep: Do you have any problems **sleeping?** NO
- Psych: Do you have any problems with feeling **depressed, "blue", anxious or panicked?** NO
  Do you feel: **helpless, hopeless, or suicidal?** NO
  Do you have problems with: **concentrating** or with **having fun?** NO

- UPDATES: (for the physician to do): (check if done)
- Past medical and past surgical history:
- Social history:
- Family history:

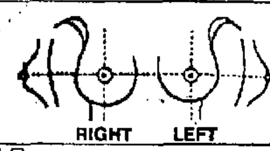
277 247 107

Daniel Demaranvill
734.0 O
D.O.B 10.4.34

Physical Exam Form

Date 01.09.08 BP 118 / 67 Pulse 68 / min Resp: 16 / min Wt: 206 lbs Ht: 70"

Meds: Zantac 150 mg ÷ QD; Lexapro 10mg ÷ QD; Flomax 0.4mg ÷ QD; Viagra 50mg PRN

General/Head and Neck	WD ☒ WN ☒ A &OX4 ☐ In NAD ☒
Head/ Scalp nl ☒	Eyes PERRL ☒ Fundi nl ☐ EOMI ☒
Ears TM nl ☒ Canals nl ☒	Nose nl ☒
Mouth/Teeth nl ☒	Pharynx nl ☒
Neck Thyroid nl ☒ Nodes nl ☒	Carotids No Bruits ☒ Pulses nl ☒
Chest	
Lungs CTAP ☒ No R/W/C ☒	Breasts/Nipples nl ☐ No Masses d/c ☐ Symm ☐
Heart RRR ☒ No M/R/G ☒	Axillary Nodes nl ☒
Ribs nl ☒	Chest Wall nl ☒ No CVAT ☒ No Spine TTP ☒
Abdomen	
Bowel Sounds nl ☒ No Masses ☒ Non-Tender ☒	
No Abd/Renal Bruits ☒	
LKKS nl ☒	
Male	
Scrotum nl ☒	Testes nl ☐
Penis nl. ☐ Circumcised ☐ (TWC)	Prostate nl ☒ ↑ 4m [illegible]
No Hernias ☐	Ano-rectal nl ☒
Female	
Vulva nl ☐	Vagina nl ☐
Cervix nl ☐ No CMT ☐ Pap Done ☐	Uterus nl Size ☐ Ante Straight Retro Smooth No Masses ☐
Adenexa nl ☐ N.T. ☐ No Masses ☐	No Cysotcele/ Rectocele ☐
Ano-Rectal nl ☐	STD (GC Chl RPR HIV Hep) Done ☐
Skin	
Moles nl ☒	No Abnl Lesions ☒
Extremities	
Pulses nl: Radial ☐ P.T. ☐ D.P. ☒	No Edema ☒
Cyanosis None ☒	Clubbing None ☒
Joints nl ☒ Full ROM ☒	Back nl ☒
Neuro	
Motor/Strength nl ☒	Reflexes: Cerebellar nl ☒ DTRs nl ☒
Sensation nl ☒ A&Ox4 ☒	Gait nl ☒
Cranial Nerves II-XII Grossly Intact ☒	

Assessment:		Plan:
	PFT ☐	
	CBC ☐	
1) GERD 530.81	CMP ☐	1) Zantac 300 qPM 10/3
2) BPH 600.00	Lipids ☐	2) Flomax .4 qD "
3) Dysthymia 300.4	UA ☐	3) Lexapro 10 "
4) ED 302.72	PSA ☐	4) Viagra 100 #1 10/3
5) needs c-scope	Hypothyrd ☐	5) schedule F. [illegible]
6) OW	Arth Panel ☐	6)
7) HLD	LFTs ☐	7)
8)	Hep. Panel ☐	8)
9)	Hemclt X3 ☐	9)
10)	Mammo ☐	10)
11)	Dexa ☐	11)
12)	Echo ☐	12)
13)	EKG ☐	13)
14)	ETT ☐	14)
15)	Thallium ☐	15)

Received
OCT 15 2012
CCHSP-Reno

AMG 50 (10/03

278 248 108

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulyan Hastings, M.D.

Name: Daniel Demaranville Date: 4/15/08 Chart # 134430

DOB: ______ H: ______ W: ______ T: ______ P: 70 BP: 130/78 18

CC: 3 mo f/u.

HPI: disc'd w/ e-scope
Ø CP, SOB, HA
still smoking 1/2 ppd.
GI OK on Zantac
GU - " " Flomax
Neuro: OA Hands;
Has locking & stiffness R index finger & palm
Depres- good - disc'd q am AM √ pm -
Ø anger
good sleep
Ø SI
[illegible] OK -

O- MD [illegible]
O- OW WD NAD.
Neck s BM 2+ carotids
Lungs CTA
Card RRR s murmurs
Abd s BMT
Neoplasm is SK
edema

A- Neoplasm chest 239.8
[illegible] 788.62
[illegible] 530.81 [illegible] hand
[illegible] 272.0
OW 278.02

P- Diet/ex
Ref'd [illegible] hand

MEDICATIONS: meds [illegible] no Δ - Baby ASA

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/Immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

Received
OCT 15 2012
CCMSI-Reno

Couns/coord > 50% ☐ Total time: ______ min. Couns/coord time: ______ min.

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 6-5-08 Chart # 134430

DOB: ____ H: ____ W: 200 T: 97.0 P: 68 BP: 102/60 (L) R: 14

HPI / ROS	WNL	See note
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.		
Const	✓	✓
Eyes	✓	☐
ENT/mouth	☐	✓
CV	✓	☐
Resp	☐	✓
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	✓	☐
Family	☐	☐
Social	✓	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 73 y.o. ♂ H.A, runny nose, cough c̄ mucus
HPI: white thick; worse @ night & mornings
(R) index finger [illegible] [illegible] [illegible]
[illegible] it"
Cough 7-10 days, [illegible] [illegible], Fatigued
Insomnia 2° cough last night
[illegible] [illegible] [illegible], [illegible] me down
but doesn't want to quit.
O: NAD WD WN A+O
neck supple
pharynx - red irritated, dry
TM's - (L) TM c̄ [illegible] - (pt states chronic)
(R) TM - c̄ retraction
lungs - clear all lobes [illegible] wheezes
Heart RRR [illegible]

A) (1) Cough 786.2
(2) Fatigue 780.79
(3) Tobacco Abuse 305.1
(4) COPD 496

P) Hycodan [illegible] 5ml [illegible] [illegible] cough [illegible] — Labs: CBC, Comp
[illegible] 100 [illegible] 1 po BID x 10d #20
d/w pt CT screen chest, pt took info
agrees to PFT's 2 week — [illegible]

MEDICATIONS:
Zantac 150mg ÷ QD
Lexapro 10mg ÷ QD
Flomax 0.4mg ÷ QD
Viagra 50mg PRN

Couns/coord > 50% ☐ Total time: ____ min. Couns/coord time: ____ min.

Received
OCT 15 2012
[illegible]

Specimen #	Control/Req #	Pg
157-486-0557-0	640013 .25	Pg 1

LabCorp V 1.33

Fasting	Micro Source	Total Urine Volume	Report Status
No			S /Final

Date Collected	Time Collected	Date Entered	Date Reported
06/05/08	11:23	06/05/08	06/06/08

Clinical Information:

Patient ID Number	Patient Phone Number	Patient SSN
282380	775-345-6530	

Patient Name: DEMARANVILLE, DANIEL

Sex	Date of Birth
M	10/04/34

Patient Address: PO BOX 261
VERDI NV 89439

Comments: PATN AGE: 073/08/01

Account: 27896221
Acadia Medical Group
00
900 Ryland St
Reno NV 89502

775-786-3555
NPI: 1710087341
PHY NAME: LYDON, K

Tests Requested: CBC With Differential/Platelet; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	7.9		x10E3/uL	4.0 - 10.5	01
RBC	4.82		x10E6/uL	4.20 - 6.00	01
Hemoglobin	16.0		g/dL	13.0 - 18.0	01
Hematocrit	46.6		%	37.0 - 55.0	01
MCV	97		fL	80 - 100	01
MCH	33.2	High	pg	27.0 - 33.0	01
MCHC	34.3		g/dL	32.0 - 36.0	01
RDW	14.2		%	12.0 - 16.2	01
Platelets	225		x10E3/uL	140 - 440	01
Neutrophils	61		%	48 - 73	01
Lymphs	24		%	18 - 48	01
Monocytes	13		%	0 - 13	01
Eos	2		%	0 - 6	01
Basos	0		%	0 - 3	01
Neutrophils (Absolute)	4.8		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.9		x10E3/uL	0.7 - 4.5	01
Monocytes(Absolute)	1.0		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01

01 NV LabCorp Reno Dir: Amy Llewellyn, MD
888 Willow Street, Reno, NV 89502
For inquiries,the physician may contact **Branch: 775-334-3400 Lab: 775-334-3400**

LAST PAGE OF REPORT

Received
OCT 16 2012
CHRT-Reno

FINAL REPORT

DEMARANVILLE, DANIEL 282380 157-486-0557-0 Seq# 3062 06-06-08 09:05ET

JUN 05 2008

Universal #2 56028181

281 251

LabCorp V 1.35

Specimen #	Control/Req #	Pg
283-134-0055-0	64001 /265	Pg 1

Testing	Micro Source	Total Urine Volume	Report Status
Yes			S /Final

Date Collected	Time Collected	Date Entered	Date Reported
10/09/08	09:15	10/09/08	10/10/08

Clinical Information: CC PATIENT

Patient ID Number	Patient Phone Number
282380	775-345-6530

Patient Name: DEMARANVILLE, DANIEL | Sex: M | Date of Birth: 10/04/34

Patient Address: PO BOX 261
VERDI NV 89439

Account:
27625491
CONCENTRA MED SERV MILL LAB 00
1530 EAST 6TH STREET
RENO NV 89512

775-322-5757
NPI: 1063539666 UPIN: C96419
PHY NAME: PANICARI,

Comments: PATN AGE: 074/00/05

Tests Requested: CMP14+LP+CBC/D/Plt+UA; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+LP+CBC/D/Plt+UA					
Chemistries					
Glucose, Serum	96		mg/dL	65 - 99	01
BUN	23		mg/dL	5 - 26	01
Creatinine, Serum	1.23		mg/dL	0.76 - 1.27	01
Glom Filt Rate, Est	58	Low	mL/min/1.73	60 - 137	
EFFECTIVE OCTOBER 27, 2008 the reference interval on 'Glom Filt Rate, Est' and 'If African-American' will be changing to >59 mL/min/1.73.					
If African-American	>59		mL/min/1.73	60 - 137	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					
BUN/Creatinine Ratio	19			8 - 27	
Sodium, Serum	142		mmol/L	135 - 145	01
Potassium, Serum	4.6		mmol/L	3.5 - 5.2	01
Chloride, Serum	102		mmol/L	97 - 108	01
Carbon Dioxide, Total	22		mmol/L	20 - 32	01
Calcium, Serum	9.2		mg/dL	8.5 - 10.6	01
Protein, Total, Serum	6.8		g/dL	6.0 - 8.5	01
Albumin, Serum	4.0		g/dL	3.5 - 4.8	01
Globulin, Total	2.8		g/dL	1.5 - 4.5	
A/G Ratio	1.4			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	45		IU/L	25 - 160	01
AST (SGOT)	25		IU/L	0 - 40	01
ALT (SGPT)	18		IU/L	0 - 55	01
					01
Lipids					01
Cholesterol, Total	178		mg/dL	100 - 199	01
Triglycerides	128		mg/dL	0 - 149	01
HDL Cholesterol	44		mg/dL	40 - 59	01
VLDL Cholesterol Cal	26		mg/dL	5 - 40	
LDL Cholesterol Calc	108	High	mg/dL	0 - 99	
Comment: If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors.					01
T. Chol/HDL Ratio	4.0		ratio units	0.0 - 5.0	

FINAL REPORT

DEMARANVILLE, DANIEL 282380 OCT 15 283-134-0055-0 Seq# 3139 10-10-08 17:05ET

CC: Reno

112

252 Universal #2 55032611

Specimen #	Control/Req #	Pg
283-134-0055-0	64001 /265	Pg 2

LabCorp V 1.35

Fasting	Micro Source	Total Urine Volume	Report Status
Yes			S /Final

Date Collected	Time Collected	Date Entered	Date Reported
10/09/08	09:15	10/09/08	10/10/08

Clinical Information: CC PATIENT

Patient ID Number	Patient Phone Number
282380	775-345-6530

Patient Name: DEMARANVILLE, DANIEL | Sex: M | Date of Birth: 10/04/34

Patient Address: PO BOX 261
VERDI NV 89439

Comments: PATN AGE: 074/00/05

Account:
27625491
CONCENTRA MED SERV MILL LAB 00
1530 EAST 6TH STREET
RENO NV 89512

775-322-5757
NPI: 1063539666 UPIN: C96419
PHY NAME: PANICARI,

Tests Requested: CMP14+LP+CBC/D/Plt+UA; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC, Platelet Ct, and Diff					01
WBC	7.2		x10E3/uL	4.0 - 10.5	01
RBC	4.97		x10E6/uL	4.10 - 5.60	01
Hemoglobin	16.4		g/dL	12.5 - 17.0	01
Hematocrit	48.9		%	36.0 - 50.0	01
MCV	99	High	fL	80 - 98	01
MCH	33.1		pg	27.0 - 34.0	01
MCHC	33.6		g/dL	32.0 - 36.0	01
RDW	14.6		%	11.7 - 15.0	01
Platelets	197		x10E3/uL	140 - 415	01
Neutrophils	60		%	40 - 74	01
Lymphs	29		%	14 - 46	01
Monocytes	10		%	4 - 13	01
Eos	1		%	0 - 7	01
Basos	0		%	0 - 3	01
Neutrophils (Absolute)	4.3		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 4.5	01
Monocytes(Absolute)	0.7		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Urinalysis Gross Exam					01
Specific Gravity	1.020			1.005 - 1.030	01
pH	6.0			5.0 - 7.5	01
Urine Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	1+	Abnormal		Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen,Semi-Qn	0.2		mg/dL	0.0 - 1.9	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination	See below:				01
WBC	0-5		/hpf	0 - 5	01
RBC	4-10	Abnormal	/hpf	0 - 3	01
Epithelial Cells (non renal)	None seen		/hpf	0 - 10	01

FINAL REPORT

DEMARANVILLE, DANIEL 282380 283-0055-0 Seq# 3139 10-10-08 17:05ET

OCT 16 2012
COMSTOCK

DL PSP

113

253

283

Specimen #	Control/Req		
283-134-0055-0	64001. /265	Pg 3	
Fasting: Yes	Micro Source	Total Urine Volume	Report Status: S /Final
Date Collected: 10/09/08	Time Collected: 09:15	Date Entered: 10/09/08	Date Reported: 10/10/08

LabCorp V 1.35

Clinical Information: CC PATIENT

Patient ID Number	Patient Phone Number	Patient SSN
282380	775-345-6530	

Patient Name: DEMARANVILLE, DANIEL | Sex: M | Date of Birth: 10/04/34

Patient Address: PO BOX 261
VERDI NV 89439

Comments: PATN AGE: 074/00/05

Account:
27625491
CONCENTRA MED SERV MILL LAB 00
1530 EAST 6TH STREET
RENO NV 89512

775-322-5757
NPI: 1063539666 UPIN: C96419
PHY NAME: PANICARI,

Tests Requested: CMP14+LP+CBC/D/Plt+UA; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Mucus Threads	Present	Abnormal		None seen	01
Bacteria	None seen			None seen/Few	01

01 PD LabCorp Phoenix Dir: Frank Ryan, PhD
3930 E Watkins Suite 300, Phoenix, AZ 85034-7251
For inquiries, the physician may contact Branch: 800-765-2755 Lab: 602-454-8000

LAST PAGE OF REPORT

FINAL REPORT

DEMARANVILLE, DANIEL 282380 283-134-0055-0 Seq# 3139 10-10-08 17:05ET

(114)

284 254

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demayanville Date: 10.11.08 Chart # 134430

DOB: ______ H: ______ W: 206 T: ______ P: ______ BP: ______ R: ______

HPI		
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.		
ROS	**WNL**	**See note**
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/Immun	☐	☐
PFSH	**No chng**	**See note**
Past	☐	☐
Family	☐	☐
Social	☐	☐
Exam	**WNL**	**See note**
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 14:00 3mo follow up appt — ?? —

HPI: discd EKG & labs concerns.
GU ? 3000
S/K 7
Lexapro good — ∅ mood swings
∅ f. [illegible] feeling.
O — [illegible] NAD
A — ↑ EKG Tob abuse
① DVS. 788.62.
Erectile dysfunction 306.8
Anxiety 300.00
Abn EKG RBBB. 794.31
Micro hematuria 599.7 RBC
P — Consult Dr Hald

MEDICATIONS
Zantac
150mg ? QD
Lexapro
10mg ? QD
Flomax
0.4mg ? QD
Viagra
100mg PRN

Renal U/S
cc Dr Hald

Received
OCT 15 2012
CCMSI-Reno

Couns/coord>50% ☐ Total time: ______ min. Couns/coord time: ______ min.

AMG-051 REV 3/04

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

MRN: 160912
AGE/SEX: 74/M

EXAM DATE: 11/11/2008
ACCESSION: 556725
EXAM: US- US1_EU-US - Renal
EXAM LOCATION: RDC

CLINICAL INDICATION: Hematuria.

TECHNIQUE: Both kidneys are well visualized sonographically.

COMPARISON: None.

FINDINGS:
The right kidney measures 12.4 cm in length and the left kidney measures 11 cm in length. No hydronephrosis or focal renal masses or renal calculi are demonstrated. No retroperitoneal mass lesions are noted adjacent to the kidneys. The bladder is unremarkable.

Incidentally noted are several small renal cysts.

Thank you for the confidence of this referral.

IMPRESSION:
Normal renal ultrasound for age with no evidence of nephrolithiasis, mass lesions or other abnormalities to explain microhematuria.

CC:

Read and Electronically Signed by: Ross H Golding MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 11/11/2008 14:12:12 PM

Released By :

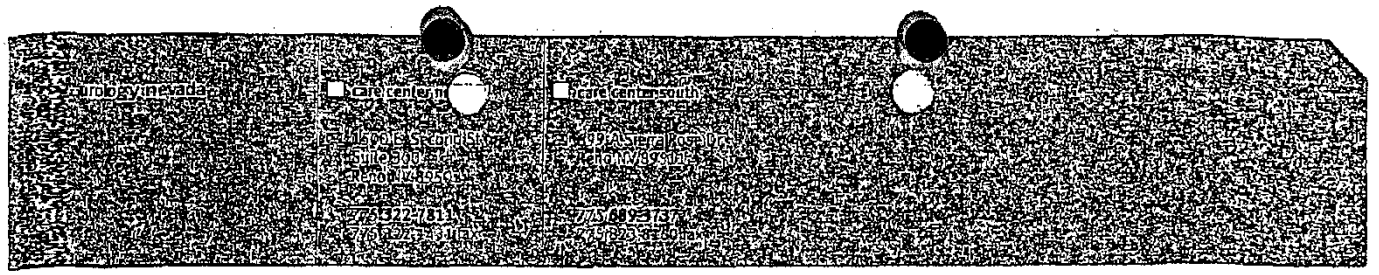
Received
OCT 15 2012
CCMSI-Reno

NOV 1 1 2008

286

256

SA 298



November 12, 2008

urology nevada

Donald D. VanDyken, M.D.
900 Ryland Street B9
Reno, NV 89502

RE: DEMARANVILLE, DANIEL E.

Dear Dr. VanDyken:

I had the pleasure today of meeting Mr. Daniel Demaranville, the pleasant, 74-year-old, retired police officer, whom you referred due to microscopic hematuria.

As you are aware, he had previously been a patient of Dr. Brady's and he had been evaluated with cystoscopy many years ago. He has had microscopic blood in his urine but denies any pain, dysuria or incontinence. He has noted over the years some decreased force of the stream with urgency and frequency, which has responded nicely to Flomax. He also has mild erectile dysfunction and the Viagra you have prescribed has worked very well.

His past medical history is noteworthy for an irregular EKG, prior appendectomy, herniorrhaphy with loss of the left testicle, and back surgery. He has also had cataract surgery and currently takes Zantac, Lexapro and Flomax. He has a penicillin allergy. He is a one-pack-a-day smoker and has been for many years.

In the office today we did a urinalysis. The urinalysis was dipstick positive for blood with 5-7 red cells per high-power field. A Nuclear Matrix Protein-22 test looking for abnormal cells was also positive. This is suggestive of a potential risk for transitional cell carcinoma of the bladder.

He has also undergone an ultrasound which is essentially normal with the exception of some simple, renal cysts.

At this point in time I have explained to the patient that given the presence of hematuria and his smoking, he needs a complete workup including a urine cytology which we will submit, cystourethroscopy which we will schedule next week, and potentially a CAT scan based on the findings. I explained to the patient my preference for CAT scan in this setting, particularly now with the positive NMP-22. However, I will wait to order it to see what the cytology shows, as the cytology, if abnormal, sometimes will be more predictive of potential upper tract lesion.

At the end of the consultation he is well apprised as to the importance of followup and we will have him return in one week for the ~~above-mentioned tests.~~

NOV 20 2008

117

As always I appreciate your kind referral. I will continue to keep you apprised of the patient's course and progress throughout his workup.

Warmest personal regards,

DAVID E. HALD, M.D.
DEH/ems